DOCUMENT RESUME

ED 369 221 EC 302 951

AUTHOR Aveno, Arlene
TITLE The Systematic Inclusive Preschool Education Model for Children with Severe Disabilities. Final Report.
INSTITUTION Virginia Univ., Charlottesville. School of Education.
PUB DATE [Jan 94]
CONTRACT H086D00010
NOTE 125p.
PUB TYPE Reports - Descriptive (141)

EDRS PRICE MF01/PC05 Plus Postage.
DESCRIPTORS Change Strategies; Delivery Systems; *Demonstration Programs; *Mainstreaming; Models; Normalization (Disabilities); Preschool Education; *Severe Disabilities
IDENTIFIERS *Inclusive Schools; Reverse Mainstreaming; *Systematic Integrated Preschool Education Model; Virginia

ABSTRACT

This final report describes the Systematic Integrated Preschool Education Model (SIPE) project, which established classrooms to demonstrate an inclusion model for serving preschool children with severe disabilities. A total of 33 preschool children with identified developmental disabilities and their families in three Virginia school districts were served directly by this project. Six classrooms served as demonstration classes or replication sites. Both full inclusion and reverse mainstream models were implemented. The report provides information on goals and objectives of the SIPE Project, conceptual frameworks for the SIPE model, methodological and logistical problems, project impact, and evaluation findings. Tables provide project details and evaluation results. An appendix describes SIPE model components and validity data. Contains 11 references. (DB)

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The Systematic Inclusive Preschool Education Model for Children with Severe Disabilities

FINAL REPORT

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Grant Number: H086D00010
CFDA Number: 84.086D
Funded: 9/1/90 - 10/31/93

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The Systematic Integrated Preschool Education Model

Abstract

The vast majority of preschool children with severe disabilities across this nation attend segregated classes. These non-normalized environments deprive children of critical educational and personal benefits to which they have a right. The provision of fully integrated preschool education services, i.e., serving children with severe disabilities and same-aged children without identified needs fulltime in the same classroom, is a service delivery model that can offer maximal educational and personal benefits to all children involved if structured correctly. Many philosophical, programmatic, and administrative issues must be addressed when implementing this model because school districts have no legal mandate to serve preschool aged normally developing children. Programmatic challenges center around the accommodation of the wide range of educational needs represented by such a heterogeneous student group.

Fully integrated preschool services for children with severe disabilities can be provided by either placing and educating these children in existing private settings which serve children without identified needs (e.g., a day care center or private preschool program) or by enrolling children without identified needs in a preschool classroom set up within a school district's jurisdiction (e.g., an elementary school). This project validated an instructional approach that accommodates the needs of preschool children with severe disabilities in any of these integrated settings. The Systematic Integrated Preschool Education (SIPE) Model established demonstration classrooms that met the educational needs of children with and without identified needs in the same classroom setting and:

1. made team decisions about individualized educational assessment and programming using a socially validated home, school, and community routine-based approach,
2. provided multiple planned opportunities for family involvement in assessment, and in Individualized Education Plan (IEP) development and implementation,
3. used an individualized functional curriculum process which ensures that skills targeted for instruction promote maximum participation in home, school, and community routines,
4. made each IEP a precise, meaningful document which is used for instructional accountability and monitoring as well as for educational planning and implementation, and,
5. use systematic, data-based instruction that fosters active participation and interaction of each child in every classroom routine.

The initial SIPE model classrooms were used to demonstrate the inclusion preschool model to school districts serving preschoolers with severe disabilities, and additional SIPE model classrooms established in a different school district were used to ensure the replicability of the model.

Table of Contents

Goals and Objectives of the Systematic Inclusive Preschool Education (SIPE) Project 1

Description of the SIPE Model and Participants 2

Conceptual Frameworks for the SIPE Model 2

Methodological or Logistical Problems and How They Were Resolved 10

Project Impact: Products and Dissemination Activities 39

Evaluation Findings 46

Where Further Information Can Be Found and Assurance Statement 87

References 90

Tables

Table 1: Preschoolers Served by the Project 3

Table 2: SIPE Discrepancy Evaluation Model (DEM) Review Summary 16

Table 3: SIPE Inservice Training Workshops and Conference Presentations 40

Table 4: Summary of Inservice Training Evaluations 48

Table 5: SIPE Model Classroom Visitors' Evaluations 52

Table 6: Summary of Evaluation Comments for Model Classroom Staff Served by SIPE Project Staff 78

Table 7: Inservice Training Evaluation Results from Model Classroom Staff 80

Appendix: Description and Rationales for SIPE Model Components and Validity Data

Project products available in addition to this Final Report:

Individualized Routine-based Assessment Process (IRAP) Directions Manual, Supplement Packets and Software Program

Systematic Inclusive Preschool Education (SIPE) Inservice Training Manual: Inclusive Preschool Partnerships - A Guide for Making Them Work

Goals and Objectives of the Systematic, Inclusive, Preschool Education (SIPE) Project

Goal 1: To develop and implement a Systematic Integrated Preschool Education (SIPE) Model for use with public school preschoolers with special educational needs.

Objective A: To establish a socially-validated classroom schedule based on the school routines and activities of normally developing preschool children.

Objective B: To use the established Family-Centered Integrated Teamwork (FIT) Model to: a) generate opportunities for families of all children in the integrated preschool classroom to be involved in their children's education, and b) ensure an integrated team approach that will meet the multiple and diverse needs of young children with severe disabilities and their families.

Objective C: To expand, test, and refine an established functional curriculum assessment process, (specifically designed for use with children with severe disabilities) to ensure that: a) each IEP is a precise, relevant, meaningful document used for educational planning, monitoring, and accountability, and b) community based objectives in socially validated, age-appropriate community routines are generated which promote active participation.

Objective D: To develop and implement a systematic, routine-based instructional process which provides individualized group instruction in classroom routines by synthesizing two established methodologies (Frans, 1987; Project LEAP).

Goal 2: To conduct management activities related to the implementation of the SIPE Model classroom.

Objective A: To identify and recruit students for the preschool integrated classroom in the Greene County School System.

Objective B: To hire/identify and train team members (e.g., teacher, related service personnel, Integration Specialist, Parent Consultant, school administrators) in the SIPE Model.

Goal 3: To replicate the SIPE Model in preschool classrooms in a different public school system, and disseminate project products and findings.

Objective A: Assist a second school system in setting up SIPE Model classrooms.

Objective B: To disseminate information related to project products and outcomes on national, state, and local levels.

Conceptual Frameworks for the SIPE Model

There were several conceptual frameworks underlying the SIPE Model which (1) facilitate systems change and (2) promote a merger of best early childhood education practices and best early childhood special education practices. These frameworks include: the Ecological Process Model (Peck, Richarz, Peterson, Hayden, Minuer & Wandschneider, 1989), the Outcomes Driven Developmental Model (Alessi, 1991), the Collaborative Teamwork Model (Rainforth, York, & Macdonald, 1992, Thousand & Villa, 1992) and Developmentally Appropriate Practices (Bredekamp, 1987; Bredekamp & Rosegrant, 1992). Implementation of developmentally appropriate practices includes using routine-based assessment and instruction (Aveno, Stewart, Landon, & Voorhees, 1993; Bricker & Cripe, 1992; Rainforth, Macdonald, York, & Dunn, 1992), and using positive discipline to foster self-control (McGee, Menolascino, Hobbs, & Meanousel, 1987; Horner, Dunlap, Koegel, Carr, Sailor, Anderson, Albin, & O'Neill, 1990).

Description of the SIPE Model and Participants

The Systematic Inclusive Preschool Education Model (SIPE) for Children with Severe Disabilities (Grant Number H086D00010) received funding from OSERS, U.S. Department of Education, beginning on September 1, 1990 and continuing through October 31, 1993. The SIPE Model was designed to support the procedures required by P.L. 99-457 and P.L. 94-142 and to develop and implement an inclusive service delivery model that incorporates these recommended best preschool practices:

a) Planning Inclusive Preschool Programming,
b) Preparing the Classroom Environment,
c) Using a Theme-Based Approach to Planning,
d) Using an Individualized Routine-Based Assessment Process (IRAP),
e) Using a Collaborative Team Approach,
f) Fostering Social Relationships,
g) Fostering Self-Control: Using Nonaversive Behavior Management and Positive Discipline, and
h) Using an Individualized Routine-Based Instruction Process.

Dr. Arlene Aveno served as Principal Investigator and Project Director throughout the project. Dr. Mary Voorhees and Dr. Tracy Landon served as Project Coordinators throughout the project and Dr. Carolyn Massie served as Graduate Assistant on the project for one year during its funding cycle. In addition, University of Virginia students and a part-time employee were hired to serve as project secretaries, Dr. Robert Covert served as the Project Monitor, and Dr. Judy Stahlman served as the Third Party Evaluator for the first year of the project.

A total of 33 preschool students with identified developmental disabilities and their families were served directly by this project. These students, who were served by three school districts in Central Virginia, two rural districts (Greene County and Albemarle County) and one urban district (Charlottesville City), exhibited a range of functional characteristics as displayed in Table 1. It is important to note that the vast majority of students were diagnosed as having developmental delays, which is the single official classification used for preschool-aged children in Virginia regardless of the type or severity of their disabilities.

A total of six classrooms served as demonstration classrooms for this model. Two classrooms in Greene County which were previously self-contained classrooms for preschool children with developmental delays located on the primary schools became SIPE model inclusion classrooms. One of these classrooms used a reverse mainstream model where children without developmental delays were recruited to participate full time in classroom activities. The second of these demonstration classrooms involved the full time inclusion of students with developmental delays in a Head Start classroom. In addition, Westminster Child Care Center, a community preschool located in Charlottesville City, served as the SIPE Model's replecation site, and had four classrooms which served as model full inclusion classes serving children with developmental delays from Charlottesville City and Albemarle County School Districts. In the Westminster Child Care Center model classrooms a strong attempt was made not to violate natural proportions of children with and without identified developmental delays. The students were all preschool aged; 21 were boys and 12 were girls; 16 were placed in full inclusion classes; 15 were placed in reverse mainstream classes, and 2 were first placed in reverse mainstream classes and were later served in full inclusion classes.

Table 1: Preschoolers Served by the SIPE Project

Note: The single classification used for all preschoolers in Virginia who are identified for special education services is "developmental delays" regardless of the level of severity or multiplicity of disabilities. Therefore, little information is provided about the types and severity of disabilities in Table 1 because it was unavailable from school records.

Name	Sex	Classification	Classroom type
GREENE COUNTY SCHOOL SYSTEM			
Travis	M	Developmentally-delayed (DD)	Full inclusion
Maurice	M	DD	Full inclusion
Earlisha	F	DD	Full inclusion
	M	DD	Full inclusion
Jonathan G.	M	profound mental retardation, seizure disorder, uses wheelchair	Full inclusion
Jacqueline	F	seizure disorder	Full inclusion
Sylvia	F	Orthopedically-impaired, seizure disorder, hearing impaired, uses wheelchair	Reverse mainstream

Table 1 continued: Preschoolers Served by the SIPE project

Justin	M	DD	Reverse mainstream
Porsha	F	DD	Reverse mainstream
Steven	M	DD	Reverse mainstream
Ashley	F	DD	Reverse mainstream
Sirena	F	DD	Reverse mainstream
Matthew	M	DD	Reverse mainstream
Jason	M	hydrocephaly	Reverse mainstream
Darrell	M	DD	Reverse mainstream
Dillon	M	DD	Reverse mainstream
Daniela	F	DD	Reverse mainstream
Derek	M	DD	Reverse mainstream
Amanda	F	DD,hearing impaired	Reverse mainstream
Elizabeth	F	DD	Reverse mainstream
Kruz	M	DD	Full inclusion Reverse mainstream
Jonathan R.	M	DD	Reverse mainstream
Jonathan P.	M	nonverbal, uses wheelchair	Reverse mainstream

ALBEMARLE COUNTY
SCHOOL SYSTEM:

Crystal	F	arthrogryposis	
Will	M	DD	Full inclusion
Christopher	M	attention deficit disorder with hyperactivity	Full inclusion
Justin	M	DD	Full inclusion
Ellen	F	DD	Full inclusion
Robbie	M	DD	Full inclusion
John	M	DD	Full inclusion
Nico	M	DD	Full inclusion

Table 1 continued: Preschoolers Served by the SIPE Project

CHARLOTTESVILLE CITY SCHOOL SYSTEM:			
Lena	F	DD	Full inclusion
Joe	M	DD	Full inclustion

This project's major accomplishment was to develop an inclusive educational service delivery model for preschool children which merges Early Childhood Education (ECE) and Early Childhood Special Education (ECSE) best educational practices and to implement this model in a demonstration reverse mainstreaming and full inclusion classrooms in several school districts. To describe this primary accomplishment in greater detail, the following summary is offered of each component which comprised this Systematic Inclusive Preschool Education Model and a sample of the materials developed to train parents and professionals to implement each component are listed. The Appendix in this report provides a detailed description and rationale for each SIPE model component and also provides validity data for model components when relevant.

SIPE Model Component 1: Planning for Inclusive Programming

Developing inclusive placement options requires reaching collaborative agreements between school districts and community preschools to provide opportunities for preschool children with and without disabilities to play and learn together. The planning process includes: forming an interagency planning committee; sharing information with key groups of people who will be affected by inclusion (i.e., parents, administrators, teachers, therapists) about inclusion and its' benefits, the changes which are required to use developmentally-appropriate and complementary special education practices, and best practices to use in an inclusive preschool; determining options for inclusion, learning about each other's programs, discussing roles and responsibilities, identifying barriers and supports; conducting inservice training on best practices; writing a program mission statement and beliefs; and developing collaborative policies to support the development and continuation of the inclusive program.

Materials developed in the project to train professionals to implement this model component include:

Planning for Inclusion Agenda
What Inclusion Is and Is Not
Inclusion...Rationales
Benefits of Integrating Young Children
The Process of Change
Survey: Best Practice Guidelines for Meeting the Needs of All Children in Regular Preschools

Planning for Inclusive Preschool Placements: Interagency Planning
Committee Tasks
Integration Options
Interagency Planning Committee Action Plan Form
The Process for Building a Vision for Inclusion
Ways to Learn About ECE/ECSE Practices
Program Mission
Advice for Administrators
Advice for General Education Teachers
Advice for Special Education Teachers

SIPE Model Component 2: Preparing the Classroom Environment

Arranging the environment means setting up the preschool classroom to include best ECE practices and making adaptations as needed to meet the needs of all children. For example, the room is organized into activity centers and a variety of developmentally-appropriate as well as age-appropriate materials are made accessible to all children. It also involves developing a daily classroom schedule and determining staff assignments and responsibilities for the early childhood education staff and the early childhood special education staff (e.g., teachers, therapists).

Materials developed in the project to train professionals to implement this model component include:

Preparing the Classroom Environment Agenda
Helpful Hints for Arranging Your Preschool Classroom
Helpful Hints for Developing a Preschool Classroom Schedule
Schedule Guidelines
Roles and Responsibilities of Staff in Inclusive Preschool Programs

SIPE Model Component 3: Using a Theme-Based Approach to Planning

Theme-based planning, an ECE best practice, refers to a focused content of instruction of relevance and high interest to children. A theme-based plan is used to teach a series of concepts and provide a variety of experiences that all relate to one topic. There is total immersion on a topic for one week or more which is reflected in the daily routines and the materials available in the classroom. SIPE has developed a planning process which enables the ECE teacher to select relevant themes, determine the theme goal, select appropriate concepts to teach within the theme, and develop lesson plans that ensure that the theme is incorporated meaningfully into all daily routines and activities.

Materials developed in the project to train professionals to implement this model component include:

Using a Theme-Based Approach to Planning Agenda
Developmentally-Appropriate Practice: Activity Selection Checklist
Steps in Theme Planning
Developing Child- and Family-Initiated Weekly Themes
Sample Child- and Family-Initiated Themes
Example for Step 2: Brainstorming Ideas
Example of Concepts and Objectives to Teach

Weekly Lesson Plan Form
Theme Planning Form

SIPE Model Component 4: Using an Individualized Routine-Based Assessment Process

SIPE's routine-based assessment process starts with families identifying what they want their child to learn to do at home and school. These priorities are used to guide in the selection of a larger list of computer-generated objectives that are functional and developmentally appropriate. Team members observe the child during preschool routines to identify their priorities regarding what the child needs to learn to become a more active participant in his/her school routines. In a team meeting, assessment results are shared and a team decision is made about what objectives to include on the final IEP. During the next two weeks, team members revise and coordinate these priority objectives to ensure that interaction between children with and without disabilities, positioning, and adaptive equipment needs are addressed. These coordinated objectives become the Amended IEP.

Materials developed in the project to train professionals to implement this model component include:

Using a Routine-Based Assessment Process Agenda
The Process of Assessment
School Routines Form
Family Routines Form
Sample Kindergarten Objectives
Preparing for Routine-Based Assessment
An Individualized Routine-Based Assessment Process (IRAP) for Preschool Children with Developmental Delays

SIPE Model Component 5: Using a Collaborative Team Approach

Using a collaborative team approach means that a group of individuals work together cooperatively by sharing and combining skills, information, and resources to coordinate their efforts to achieve a common goal. SIPE uses a collaborative team process developed by the Vermont Statewide Systems Change Project in two types of meetings: The Interagency Planning Committee meets regularly to develop collaborative policies to support the development and successful continuation of the inclusive preschool; the Classroom Team meets weekly to plan and review direct service designed to support the inclusion of individual children in the program. The collaborative team process, consisting of a problem-solving and consensus decision-making process, is used in regularly scheduled meetings to maximize team efficiency (e.g., roles are assigned to team members, an agenda is used which lists topics to discuss, sets time limits for each topic, and assigns tasks to team members and timelines for their accomplishment).

Materials developed in the project to train professionals to implement this model component include:

Using a Collaborative Team Approach Agenda
Summary of Steps in Forming a Collaborative Team

Team Management Plan
"Trusting" and "Trustworthy" Behaviors
Collaborative Team Meeting Process
Team Meeting Worksheet
Role Descriptions for Collaborative Team Members
Brainstorming Rules
Guidelines for Making Decisions by Consensus
Group Activity for Collaboration

SIPE Model Component 6: Fostering Social Relationships

Facilitating social relationships involves employing curriculum and instructional techniques to promote interaction between children with and without disabilities. SIPE has developed materials that show how friendships benefit all children, why they must be facilitated, and four techniques to do so. These techniques include using: environmental arrangements (e.g., materials and groupings) that promote social interaction; validated curricular activities which promote friendships; peer-mediated approaches; and child-specific intervention procedures including teacher prompts and reinforcement to teach social skills within the natural school routines.

Materials developed in the project to train professionals to implement this model component include:

Fostering Social Relationships Agenda
Fostering Social Relationships
Strategies: Relationships: Ways to Structure the Environment to Foster Social
Strategies: Relationships: Curricular Activities and Materials Used to Foster Social
Sample Affection Activities
Sample Cooperative Activities
Teachers Who Support Cooperative Activities
Sample Story Reenactment Script
Strategies: Interact With Children With Disabilities: Ways to Encourage Children Without Disabilities to
Main Points to Remember When Encouraging Classmates to Interact
Strategies: Child-Specific Ways to Foster Social Relationships

SIPE Model Component 7: Fostering Self-Control: Using Nonaversive Behavior Management and Positive Discipline

Fostering self-control means using methods to help children learn to solve their own problems. SIPE has synthesized two best practices, nonaversive behavior management and positive guidance in a behavioral assessment and intervention approach. This approach prepares early childhood and early childhood special educators to conduct functional behavioral assessments and develop and implement behavioral plans for children using proactive and reactive nonaversive and positive discipline strategies. Sample strategies include environmental manipulations (e.g., distraction) and positive programming (e.g., active listening, choice-making, redirection). A method for defining problem behaviors in observable terms, identifying the perceived functions of the misbehavior and the

environmental events that may play a role in their maintenance and developing nonaversive plans to address those defined behaviors is provided.

Materials developed in the project to train professionals to implement this model component include:

Fostering Children's Self-Control: Using Positive Discipline and Nonaversive Behavior Management Agenda
Difference Between Punishment, Inconsistent Discipline, and Positive Discipline
Steps in Fostering Children's Self-Control
The Continuum of Intervention
Observation Form for Challenging Behaviors
Guidelines for Collecting Information on the Observation Form for Challenging Behaviors
Example of a Physical Intervention
Positive Discipline and Nonaversive Behavior Management Techniques

SIPE Model Component 8: Individualizing Group Instruction

Individualizing group instruction means teaching individualized child objectives during preschool routines which include a balance of child-initiated and staff-initiated, active and quiet, and large, small and individual routines. Two to five objectives are selected to teach monthly. The most appropriate teaching strategies are chosen from an array of teacher-directed, teacher-guided, and child-responsive strategies to teach each objective. SIPE has developed methods for teaching and recording progress on these objectives during the regularly scheduled preschool routines.

Materials developed in the project to train professionals to implement this model component include:

The Routine-Based Individualized Group Instructional Process Agenda
Advantages of Routine-Based Instruction
Routine-Based Individualized Group Instructional Process Steps
Example of a Completed School Routines and Objectives Form
Teaching Strategies to Promote Participation in Routines
Example of Adding Objectives
Continuum of Teaching Strategies
Team Meeting Worksheet
Directions for Recording Progress on Objectives in Routines
School Routines and Objectives Form

Additionally, this project developed many materials such as the SIPE Model Brochure, List of Preschool/Child Care Programs in the Area, Quality Preschool Program Survey, Interview Protocol for Preschool Teachers, Family Survey of Community Activities, and Content Validity Review Form for Routine-Based Individualized Group Instruction which were used in carrying out project activities but will not be distributed to other professionals. A very detailed list of specific Project Accomplishments is provided in Table 2, SIPE Discrepancy Evaluation Model (DEM) Review Summary for Project Years 1, 2, and 3. This table specifies each project goal, objectives, and

related activities, and a summary of each project activity's accomplishments.

Methodological or Logistical Problems and How They Were Resolved

Table 2 which follows delineates a summary of all project accomplishments and changes. This table comprises the Discrepancy Evaluation Model (DEM) Summary for the three years of the project's operation. It provides the status of each project activity as of the stated DEM review date and illustrates any methodological or logistical problems encountered. The table also provides information on how problems were resolved (including departures from original activities) by: a) providing an explanation for all project activities that were changed from those that were originally proposed, b) describing how the activities were changed (e.g., they were begun earlier than proposed, they were expanded, they were eliminated), and c) giving the originally planned completion dates and actual completion dates for all activities conducted during the project's operation.

Prior to the presentation of Table 2, however, some statements must be made about the challenges that this project encountered that no table entries could possibly capture. The professionals who comprised our core project staff had had extensive experience developing and successfully implementing innovative educational models in the past. Yet, this project faced such a series of difficult issues throughout its operation that we sometimes questioned the implementability of such a systems change effort in the face of an extant educational bureaucracy that does not provide a framework which supports it. We later came to conclude that the implementation challanges we faced had as much to do with the psychological aspects of change as with the technical and bureaucratic aspects. Although project staff had done extensive research on organizational, theoretical , and technical aspects of systems change and had taken deliberate measures at the beginning of the project to set things in place that addressed these dimensions, there was one area for which we did not adequately prepare. It was only when we came upon Reynolds' (1991) chapter Changing Effective Schools that we recognized the critical importance of planning for the 'emotional/relational' dimension of change that we had considered only incidentally to or as a subpart of our theoretical paradigms or the technical aspects of the change we were helping schools to embark on . The details of this 'non-rational' dimension, which appeared to be the foundation of many of the challenges we faced, will be discussed later in this section.

Generally, professional publications tend to focus on program successes and address the theoretical and technical components that were related to the program's success. Insufficient attention is given to the discussion and analysis of obstacles and resistance encountered along the way, and to the reality that encountering irrational, defensive, anxious, and projective staff behaviors is not atypical. Further, while these behaviors produce an emotionally complex environment, their presence does not necessarily suggest inadequacy on the part of change agents or predict ultimate failure.

With the first school district the project worked with, despite our best efforts to plan for a smooth transition, the emotional climate was tense and self-conscious. This occurred even though the theoretical frameworks for this change effort were scrupulously researched and our project staff carefully selected the school districts it would work with based on articulated factors that were believed to promote a successful

collaboration. For example, all districts being considered for establishing the initial model classrooms had previous experience with collaborative preschool "handicapped" development projects operated through the University of Virginia, and had already proven their strong administrative support of innovative educational practices. School administrators allowed their most enthusiastic preschool teachers to volunteer for participation in the project after information was imparted about the project's goals, process, and required commitments on the part of the district, administration, and professional staff. Further, a new Head Start program was beginning in one district being considered and meetings held with the Head Start administration and new director indicated an interest in collaborating in this endeavor.

It should be noted that in a second district with which we collaborated, the relationship was fundamentally positive, cooperative, and effective. Yet, our experience with the first district was so different that challenges began to present themselves almost immediately. In the first school district, where the initial classrooms were being established to demonstrate a reverse mainstreaming model of preschool inclusion, the Special Education Director was a relentless, strong advocate of inclusion programming for preschoolers. In spite of the fact that she continuously took extraordinary measures to support the change in her preschool classes the following events happened:

- (Year 1) After 2 months of collaboration, the preschool handicapped teacher who volunteered and was selected to establish a reverse mainstreaming model in her self-contained classroom left the project by mutual consent with project staff and the Special Education Director. This decision was made because of the demonstration of extreme attitudinal barriers to educability of preschoolers with more significant developmental delays and resistance to modifying her classroom techniques to incorporate essential best educational practices. This was a mature, tenured teacher who dealt with this situation by splitting school staff to garner support for her position of maintaining her practices in the classroom. The school climate became hostile and tense, with many staff lining up with one position or the other.

- (Year 1) During the 2nd month of operation, a physical therapist who was contracted from another agency by the rural district was reported to be physically hurting students as part of her therapy. After an investigation, the Director of Special Education embarked on the difficult process of having her replaced. Although the replacement did occur, this added to the tension, hostility, and splitting of the professional staff.

- (Year 1) The only other preschool handicapped teacher in this district who was housed in the same school volunteered to take the place of the first teacher. Within a month of observing and consulting with this teacher it became clear that she exhibited such significant personal and professional problems that the school district took the unprecedented measure of dismissing her mid-year. This left the classroom with no special education preschool teacher after the first semester of school in that classroom and required that the school district recruit a replacement teacher in the middle of the academic year.

-(Year 1) A preschool special education teacher was hired at mid-year and became the third teacher to work with this project in 5 months. She was highly skilled and well informed about early childhood best educational practices and early childhood special education best practices. She had a

wonderful, nurturing and respectful rapport with the children and successfully implemented nonaversive behavior management programs and routine-based assessment and instruction. However, it was widely reported by other staff that she had great difficulty collaborating with teammates and this added to the interpersonal staff difficulties. In spite of some strained staff relationships, this teacher was highly successful in setting up a classroom that demonstrated all of the best practice components that comprised this innovative model and the visitors from the many other districts who observed this classroom gave it very positive evaluations.

- (Year 1) The Head Start Education Supervisor, who supervised the first year Head Start classroom teacher, had just received her degree and had no classroom experience. She insisted that the inexperienced Head Start teacher under her direction with whom the School District was collaborating use techniques that were antithetical to both early childhood best practices (as defined by the guidelines of the National Association of the Education of Young Children) and early childhood special education best practices. Multiple collaborative interagency meetings were held to clarify and renew Head Start's commitment to participate fully in this program. And while agreement was reached at the meetings regarding which best educational practices to promote, none of these agreements were carried out. This added to the tension in the classroom, and after completing the first year in the classroom and being trained by project staff in recommended best practices, the Head Start teacher resigned her position.

- (Year 1) Some of the related serviced providers, contracted out by the School District, were highly resistant to using an integrated therapy model, which was one of the best-practice features of this project. This resulted in some degree of staff dissention and varying degrees of implementation of integrated therapy.

- (Year 2) The Head Start classroom aide from the previous year replaced the Head Start teacher who left. She demonstrated a keen ability to learn and a willingness to apply recommended best practices in the classroom. However, the problem of having a Head Start Education Supervisor who insisted on having her use "her" techniques still existed. The project remained in close didactic contact with this new teacher by offering to serve as her official supervisor as part of meeting her credentialling requirements, using the standards of best practice defined by the national preschool accrediting body. She remained, unfortunately, in an emotionally difficult position with her supervisor.

-(Year 2) An additional (third) preschool classroom was opened because of the large number of eligible children. A preschool teacher with an early childhood background but no special education background was hired to head up this reverse mainstreaming class. This teacher learned about best practices quickly and was able to successfully implement most of the inclusive model components through project staff consultation and modeling. This teacher stayed with the collaborative project during Years 2 and 3 of the project and orchestrated a very successful demonstration classroom which saw many scheduled visitors from school districts in the state of Virginia. We also found when working with our second school district that the early childhood teachers were much less resistent to adapting innovative practices then those with a special educaiton background.

-(Year 2) The Head Start Director and her Parent Coordinator attended a weekend workshop on devil worship in the schools. They were convinced that the use of non-aversive behavior management techniques (i.e., positive

guidance), which is an essential component of our inclusive model, promoted devil worship and held several weeks of meetings with parents of Head Start children to advice them of the diabolical practices being promoted by the school district and project staff. This served to alarm parents and expand the resistance of implementing this innovative model from factionized school staff to parents in the community. As a result of collaborative meetings where the Head Start Director proclaimed her intent to forbid her staff to use non-aversive behavior management and routine-based instruction (she wanted a 'pull-out' model used for teaching IEP objectives), the School District and Head Start mutually dissolved their collaboration effective in the upcoming year. However, during the summer the Head Start Director changed her mind and the collaboration was on again.

(Year 3) Staff in both the reverse mainstreaming classroom and in the inclusive Head Start classroom made a lot of progress with consultation from project staff in spite of the fact that the emotional climate in the school environment remained factionized and tense. During the second semester both models of service delivery were in very good shape to demonstrate the recommended best practices that comprised this inclusive preschool model and both classrooms received many visitors from numerous other school districts. The classroom observation evaluations provided by those visitors which were very positive, are included in this final report.

-(Year 3) The Head Start Director mysteriously and abruptly left her job and disappeared from the area without notice and is rumored to be under investigation by some government agency.

These events were very difficult to deal with, yet other educational innovators have their own comparable stories to tell. Reynolds (1991) devoted an entire chapter to an analysis of the difficulties of changing school service delivery models. We frequently reread this chapter to offer ourselves some comfort and an opportunity to realign our perspective during difficult periods. It reminded us of the common difficulties inherent in the dynamics of systems change, and was highly relatable because the author wrote so candidly spoke about his own difficult experiences with changing schools (e.g., "...there were numerous individual casualties of the change process (including the headteacher who retired with an apparent breakdown)", p. 101).

Reynolds devotes his chapter to the acknowledgment of the challenges of translating findings of effectiveness research into improved practices saying "we now know what makes a 'good' school but, unfortunately, we don't yet know how to make schools 'good'" (p. 93). He believes that a major block to implementing program innovations is dealing with the many "non-rational" strategies teachers and administrators have for avoiding the empirical truths and innovative practices one is exposing them to. Reynolds' passages served to provide us reassurance to continue vigilantly in the face of steep barriers, and remind us that our circumstances were not uncommon although the emotional/relational dimension of school change is rarely given the focus it deserves, considering the divisive effect it can have. The following are some passages from Reynolds' (1991) chapter.

> ...getting the effective schools knowledge base to 'take root' in schools has been a difficult process, judging by the experience of those researchers and practitioners in Britain who have tried it. [When our school effectiveness researchers used their findings to try to improve school practice] only two [of three schools involved] showed some improvements and even these were, in what the researchers

call 'restricted areas'. ...Other somewhat disappointing results have occurred when 'consultancy' methods have been used to bring the school effectiveness knowledge into ineffective schools, since the knowledge base is often threatening to established ways of thinking within schools. It is also likely that the school effectiveness knowledge may be *personally* threatening to staff groups in the effective schools and that the arrival of new knowledge in these schools may create disturbance, both individually and collectively amongst the whole staff group ...

As we began our work with the teachers in the school, many processes began about which the existing literature on school improvement had given us up warning.

> ...Introducing into the school educational ideas ... caused immense problems, because staff ... were unable to separate the personal from the political ... Increased interpersonal conflict, a breakdown of some pre-existing relationships and much interpersonal hostility ... were the results of our attempt to introduce outside ideas into a school.
>
> We attempted to 'open up' the culture of the school by employing various devices [such as] shadowing a pupil through that pupil's entire morning ... to understand what the school experience and its shortcomings must have looked like for the 'consumer' of education. This tactic too generated a rapid further deterioration in interpersonal relations. (p. 100)

There were other strategies which we utilized that eventually helped to solidify the group .... We opened up the school's management team through greater democracy ... introduced ... small group sessions and experimental interventions to try to repair interpersonal damage. Eventually, although there were numerous individual casualties of the change process (including the headteacher who retired with an apparent breakdown)... the school emerged a stronger and more effective institution ... (p.101)

We had anticipated ... to be able to adopt the rational/empirical model [to change school practices]... However, the staff culture and belief system of the school exhibited a marked non-rational quality ... actually exhibit[ing] many of the characteristics of the inadequate, insecure, or ineffective person, namely:

- projections of individual teacher's deficiencies onto the children or the surrounding community and its parents, as excuses for their ineffectiveness;
- 'clingons' of past practice (we've always done it this way!);
- defences, where teachers built walls to keep out threatening messages from outsiders, ...
- the fantasy that change is someone else's job;
- the safety in numbers play whereby persons retreated into a ring - fenced mentality.

... It was that defensive apparatus which is employed by the ineffective and the insecure to protect themselves from any outside influences which may expose them and their inadequacy

In summary, Reynolds (1991) makes an articulate argument that educational innovators have focused on analyzing formal bureaucratic and organizational structures of educational institutions and how their related policies and practices must be considered in systems change but have not given adequate attention to the psychological aspects of change. This

project was highly prepared to address organizational and technical aspects of systems change (e.g., effective training models, organizational restructuring models, etc.) but much less prepared to address the extraordinary challanges presented in the "emotional" or "relational" areas of school life including dysfunctional interpersonal relationships and the exhibition of defense mechanisms related to self-perception and self-other perception.

Although some of our theoretical paradigms addressed some aspects of the interpersonal component of change (e.g., use of an ecological process of bringing all stockholders to the planning stage, creating a common vision which serves as the standard of practice and policy analysis, use of interagency collaborative teaming methods, etc.), we did not formally and systematically devise a proactive strategy for addressing the emotional/relational dimension systems change that had <u>equal</u> potential influence on process, and perhaps outcome, as organizational and programmatic aspects. Reynold's (1991) suggests that educational innovators incorporate techniques from psychological/psychiatric field to deal with the personal problems that innovation can evoke. Perhaps it is time to consider the merit of more fully addressing this dimension of change.

Table 2: SIPE Discrepancy Evaluation Model (DEM) Review Summary for Project Years 1, 2, and 3

Notes: 1. The first SIPE review was conducted using a naturalistic method by Dr. Robert Covert, our Project Monitor. The report for that review, which focused on systems change issues rather than the specific activities proposed by the project, can be found in the Continuation Proposal for Year 2.
During the first year of the project, we were understaffed for 10 months of the year because we were unable to fill a Graduate Research Assistant position when the doctoral student who held that position for two months decided to leave her doctoral program. Consequently, we were unable to meet our originally proposed timelines on several project activities for Year 1 but those activities were completed in Year 2.

Goal 1: To develop and implement a Systematic Integrated Preschool Education (SIPE) Model for use in a public elementary school.

Objective A: To establish a socially-validated classroom schedule based on the school routines and activities of normally developing preschool children.

Activity 1 (Planned completion date: First half of Year 1)

1. Survey a stratified random sample of preschool programs (n~24; strata: teacher directed, child oriented, etc.) which serve normally-developing children to identify typical daily routines and their activities.

   DEM 8/22/91: Survey is completed, timeline for data analysis and interpretation activities must be extended to the first quarter of Year 2 due to understaffing in Year 1.* A preliminary survey was first conducted with public agencies, private preschools, nationally-affiliated preschools, and child care programs to identify a sample of quality programs from which to select our stratified random sample (n=26). A Regular Preschool Interview Form was developed as the survey form. A member check was conducted, using feedback to revise the initial draft of this study report into its final form.

   DEM 2/19/92: **ACTIVITY 1 COMPLETED**.
   The final report of this study titled Preschool Patterns: A Glimpse into Typical Central Virginia Preschool Programs was drafted and sent to all survey participants.

Activity 2 (Planned completion date: First half of Year 1)

2. Develop a demonstration classroom schedule comparable to "typical" preschool classrooms.

   DEM 8/22/91: **ACTIVITY ELIMINATION**: There are two reasons why the development of a typical schedule is no longer an appropriate

activity and will be eliminated. 1) For districts who will implement a reverse mainstreaming service delivery model, a social validation process rather than a specific schedule will be needed as part of the SIPE Model to allow other school districts to define "schedules" typical for their community. 2) For districts who will provide services in a fully integrated community setting, a section in the SIPE manual "Identifying Inclusion Options" offers guidelines to ensure that services are provided in quality preschool programs which use a typical schedule.

Objective B: To use the established Family-Centered Integrated Teamwork (FIT) Model to: a) generate opportunities for families of all children in the integrated preschool classroom to be involved in their children's education, and b) ensure an integrated team approach that will meet the multiple and diverse needs of young children with severe disabilities and their families.

Activity 1 (Planned completion date: First half of Year 1)

1. Use FIT guidelines during team meetings with families, school personnel, and community agencies to develop program policies and practices for the SIPE Model that will: a) provide families with opportunities to participate in all aspects of their child's education, and b) ensure that the SIPE Model team is constituted according to each child and family's individual strengths and needs and operates in an integrated manner for assessment, program planning, and service delivery.

DEM 8/22/91: **ACTIVITY 1 COMPLETED.**

DEM 8/22/91: In order to move from a reverse mainstream classroom to a full inclusion classroom (Head Start) unanticipated family-centered steps were taken to identify which families wanted their children to enter a full inclusion community preschool setting and why.

ACTIVITY EXPANSION: Because service delivery in the model program will be changed in September of Year 2 from a reversed mainstreamed classroom to a fully integrated setting (Head Start), this activity may be repeated in Year 2. However, a group process other than a "nominal" type may be preferred when this policy/practice analysis activity is repeated because both collaborating agencies (Greene School District and Head Start) already have policies in place that may not be able to be modified through the use of the nominal (voting) method.

DEM 2/19/92: Meetings have been held with Greene County and Head Start administrators to collect materials to review for purposes of having a modified FIT meeting in the late spring of 1992. This meeting will be co-facilitated by Marida Lamb and Mary Voorhees and the people that will be participating in the meeting will provide comments and feedback which will then be delivered to Mary McManus and Sally Anne Fredericks for review. After collecting that information the materials will be revised and merged to form a new FIT manual

which merges best practices and policies for Greene County Primary School and Head Start.

DEM 7/28/92: Two monthly meetings were held in the spring of 1992 to begin developing family-centered policies for the integrated Head Start program. Due to the many barriers that had been faced by Greene County Schools and Head Start in developing the collaborative program, these meetings were expanded to focus on multiple issues regarding discrepant policies. Agreements were not reached on many issues. In August, Greene County School System and Skyline Head Start decided to temporarily end their collaborative agreement to provide full inclusion of children with moderate and severe disabilities in the Greene County Head Start classroom. Although both agencies agree philosophically with the provision of inclusive preschool programs to all children, the implementation of the full inclusion program began without sufficient collaborative policies to support its continued implementation. Both agencies identified that it was unfair to their staff to be given diverse, sometimes contradictory directions from their direct supervisors. As a consequence, Greene County Schools has decided to provide three integration options this year: a reverse mainstream classroom serving six children with identified needs and two normally developing children; a reverse mainstream classroom serving equal proportions of children with and without disabilities (5:5); and a full inclusion classroom serving three children with mild disabilities and twelve children without identified needs in the Head Start classroom (ratio = 3:12). The three children with mild disabilities are provided integrated therapy, and an early childhood special educator monitors their progress and consults with two Head Start early childhood educators. Skyline Head Start and Greene County Schools are attempting to reconcile policy differences with the intention of providing inclusive preschool programming to children with moderate to severe disabilities in 1993. As a result, SIPE has expanded its role to now serve three preschool classroom staffs in Greene County. Family-centered practices and integrated therapy are used in each of the three classrooms although formal collaborative policies between Head Start and Greene County have not been completed.

DEM 1/6/93: **ACTIVITY 1 COMPLETED**. Based on the barriers experienced in developing a collaborative program in Greene County, SIPE project staff revised the FIT process to not only address family-centered practices but to address the multiple legal and policy barriers faced when two agencies collaborate to provide inclusive services. These meetings, now called "Interagency Planning Committee" meetings, are being held every two months to develop and write collaborative policies between Albemarle County Schools and Westminster Child Care Center, which serves as our replication site. The meetings ensure that the full inclusion program provides families with opportunities to participate in all aspects of their child's education and that all team members work collaboratively during assessment, program planning, service delivery, and evaluation phases of the preschool program. The meetings also address policy issues related to providing a full inclusion program (e.g., providing tuition and transportation for the children with disabilities to attend the community preschool, providing integrated therapy at the preschool,

holding weekly individual student planning meetings with ECE and ECSE staff, etc.) in order to support the long term success of the program.

Activity 2 (Planned completion date: First half of Year 1)

2. Develop processes and materials for implementing the policies and practices developed in team meetings.

DEM 8/28/92: **ACTIVITY 2 COMPLETED**. Multiple practices and materials have been developed and will be used in Greene County and at Westminster Child Care to facilitate the use of family-centered and integrated therapy practices as well as to facilitate the development of policies to promote the continued provision of inclusive services. These include: 1) a process for building a vision for the integrated program (e.g., the mission statement, beliefs, and policies; 2) an Action Plan (which identifies barriers, questions/concerns, and actions needed to address these in order to meet the program mission and outcomes; 3) a Team Management Plan (to identify core and extended team members' names and roles); 4) a Team Meeting Worksheet (to provide a collaborative teaming process for teams to identify and select best practices to use with children with disabilities); and 5) an adapted version of the Regular Preschool Interview Form to define team members' roles in the inclusive classrooms.

Activity 3 (Planned completion date: Second half of Year 2)

3. Implement team-generated family participation and integrated team practices developed in the team meetings.

DEM 8/22/91: Activities 2 and 3. Processes and a questionnaire have been developed. The questionnaire will be utilized to determine family satisfaction with opportunities provided for their involvement when the fully integrated service delivery model is in place (see Activity 1). To date, multiple opportunities for family involvement have been offered, such as participating in field trips, assisting in the development of classroom materials; donating classroom materials and snacks; volunteering in the classroom; sharing information through individual meetings and videos; a parent bulletin board; notifications about local seminars and relevant classes; and newsletters discussing classroom activities with follow-up suggestions. Additionally, family schedules were accommodated by offering options for times, places, and ways to meet.

DEM 2/19/92: Once the FIT meetings are held between Greene County Primary School staff and Head Start staff then policies and practices will be developed which were not addressed by either of those systems and policies and practices that are currently in place will be revised to make them more consistent for the integrated program. These revised policies and practices will be used in Year 3 in the integrated classroom.

DEM 8/28/92: As described in Activity 1, Greene County Schools and Head Start made a decision to change their service delivery model. Formal collaborative policies were not developed. However, processes and materials were developed, as outlined in Activity 2, to facilitate

the use of family-centered and integrated team work. These are being used in the Greene County classrooms as well as in the replication classrooms at Westminster Child Care Center.

DEM 1/6/93: **ACTIVITY 3 COMPLETED**. Some formal collaborative policies have been written by Westminster Child Care Center and Albemarle County Public Schools and others have been drafted. The process, known as the Interagency Planning Committee Meeting, is being, and will continue to be, used during meetings (which occur every 2 months) between Westminster Child Care Center and Albemarle County Public Schools.

Objective C: To expand, test, and refine an established functional curriculum assessment process, (specifically designed for use with children with severe disabilities) to ensure that: a) each IEP is a precise, relevant, meaningful document used for educational planning, monitoring, and accountability, and b) community based objectives in socially validated, age-appropriate community routines are generated which promote active participation.

Activity 1 (Planned completion date: First half of Year 1)

1. Expand the Individualized Routine-based Assessment Process (IRAP) by surveying families (n=30) of normally developing preschool-aged children to identify community activities that these preschoolers commonly participate in. These socially validated activities will be added to an existing database of community activities identified by families of children with severe disabilities (n=30).

   DEM 8/22/91: One teacher at each of the 24 local community preschools was asked to identify one family to participate in this survey. Survey results are currently being tabulated.

   DEM 2/19/92: **ACTIVITY 1 COMPLETED**.

Activity 2 (Planned completion date: Second half, Year 1)

2. Expand the IRAP to include a Community-referenced Routines Guide and a process to assist families in identifying the types and levels of community integration they wish for their child. This will be done by embellishing the identified, socially validated community activities to include precise information about community routines, activities, and activity components by providing step by step instructions on how to accomplish this.

   DEM 8/22/91: **ACTIVITY CHANGE**: The proposed Community-referenced Routines Guide has now evolved to be a comprehensive menu of community activities which is listed as a reference on Part 1 of the IRAP Family Routines Form. Once tabulated, survey data from Activity 1 above will be used to expand the existing database on the IRAP Family Routines Form. The proposed content validation of community-referenced routines is no longer considered an appropriate activity and will be eliminated because there are more educational planning benefits associated with using a process where each family identifies their

daily routines and their component activities, how they want their child to relate with others, and how their child, as a member of family outings should be involved in the activities of those outings. This process is a more precise and valid method for accomplishing this task. However, the original menu of community activities which was compiled based only on input from families who have preschool children with disabilities will be modified to include input from families who have preschool children without identified needs (see Activity 1 above). Face validity activities will be conducted with six professionals with expertise in early childhood and special education.*

DEM 2/19/92: **ACTIVITY 2 COMPLETED**. A comprehensive menu of community activities has been generated from family survey data. Face validity activities with 3 early childhood special educational professionals and 3 early childhood education professionals have been completed.

Activity 3 (Planned completion date: First half of Year 1)

3. Expand the Socially Validated Objectives List by surveying a stratified random sample of preschool/kindergarten programs (n=24) which serve normally developing children.

DEM 8/22/91: This list is now called the Kindergarten Objectives List because this step in the IRAP process will be used only with 4 and 5 year old preschoolers to plan for their transition to a kindergarten class. The survey information received from the preschool teachers is collected and will be compiled by the first half of Year 2 of the project. *

ACTIVITY EXPANSION: The survey data will be embellished to include learning objectives from regular early childhood curricular materials that have been recommended by the National Association for the Education of Young Children (NAEYC).

DEM 2/19/92: **ACTIVITY 3 COMPLETED**. Following analysis of the survey data from preschool teachers and a review of learning objectives from regular early childhood curricular materials that were recommended by NAEYC it became apparent that the information should not be added to the Kindergarten Objectives List but should be added to the GGO List and will be added as an activity expansion under Activity 4.

Activity 4 (Planned completion date: Second half of Year 1)

4. Pilot test the expanded version of IRAP (excluding Community-referenced Routines Guide) with all children in the integrated preschool class.

DEM 8/22/91: This pilot-test activity cannot be completed by the originally proposed timeline because the timeline for its prerequisite activities (1, 2, and 3 above) has been extended. This activity will be completed by the first half of Year 2. *

The current IRAP IEP form requires that appropriate classroom routines be specified during which each IEP objective can be taught. Additionally, a data sheet has been developed which documents which classroom routines objectives are taught in.

DEM 2/19/92: This pilot-test of the expanded version of IRAP has been conducted in the replication class in Greene County, a reverse mainstreaming service delivery model. (Note: Details of this reverse mainstreaming class used as a replication site are provided under Goal 3 of this DEM review.) The expanded version of IRAP has been pilot-tested with the children with identified needs in the integrated Head Start preschool classroom. The children without identified needs, however, are currently using LAP objectives and portions of the IRAP to develop lesson plans. The pilot-testing of the complete IRAP process is not occurring with these children because the Head Start administration had a concern about using a pilot-test of the program with a first year teacher. Therefore, the expanded version of IRAP will be pilot-tested with the children without identified needs during Year 3 in the Head Start classroom.

DEM 8/28/92: The Head Start program has agreed to pilot-test the IRAP process in the inclusive Head Start classroom in the fall of 1992. In addition, the Head Start program is adding a new classroom and requested that those teachers use IRAP. The Albemarle County ECSE teacher who will be working in our full inclusion replication site at Westminster Child Care Center has also agreed to pilot-test the process with children with disabilities who need IEPs developed. Training sessions are being scheduled to prepare team members to use this process.

DEM 1/6/93: **ACTIVITY 4 COMPLETED**. The Head Start staff was trained to use IRAP but they did not abide by their agreement to pilot-test the IRAP process. Two Greene County ECSE teachers and the Albemarle County ECSE teachers, however, did pilot-test the expanded version of IRAP with a total of fourteen children with identified needs.

Activity 5 (Planned completion date: First half of Year 2)

5. Further refine the IRAP as indicated by initial pilot test results and amend students' IEPs by pilot-testing the Community Referenced Routines Guide.

DEM 2/19/92: IRAP continues to be refined based on pilot-test results, and students IEPs have been amended. This activity will be ongoing throughout the remainder of this year.

DEM 8/28/92: IRAP revisions were completed based on Year 2 pilot test results. This expanded version of IRAP was content validated by one ECE and one ECSE. These revisions include:

- changes in the steps to reduce the amount of time spent in the Family Interview;
- adding a prioritization process during the assessment period using an adapted version of the McGill Action Planning System;

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- deleting steps related to already mandated aspects of the IEP process (e.g., deleting sections of the IEP form that do not vary from state guidelines);
  reduce the number of objectives identified for use on the initial IEP;
- adding an ecological assessment of student performance in school routines during the first 15 days of the assessment process;
- adding information regarding how IRAP meets the law;
- adding family interviewing hints;
- adding recommended practices to use in conjunction with IRAP (e.g., block scheduling, inclusive placements, monthly collaborative team meetings);
- adding directions for implementing the IEP
- adding directions for updating the IEP for Year 2; and
- making extensive revisions to reduce jargon and length.

DEM 1/6/93: **ACTIVITY 5 COMPLETED.**

Activity 6 (Planned completion date: First half of Year 1)

6. Tailor an IEP Quality Survey to assess each IEP's relevance for educational planning, monitoring, and accountability.

DEM 8/22/91: The tailoring of an IEP Quality Survey will be postponed until the IRAP expansion has been completed (see Activities 1-5 above). This activity is expected to be completed by the first half of Year 2.

DEM 2/19/92: **ACTIVITY 6 COMPLETED.**

Activity 7 (Planned completion date: First half of Year 2)

7. Use an IEP Quality Survey to objectively determine if IEPs are: functional, age-appropriate, longitudinal, based on family input, and include family, school, and community integration activities.

DEM 2/19/92: The IEP Quality Survey will be used to determine if IEPs meet all of the defined criteria by the end of March.

DEM 8/28/92: **ACTIVITY 7 COMPLETED.** IEP evaluations were conducted for each student with whom the IRAP was used. Each IEP generated using IRAP was reviewed using an IEP Review instrument. IEP objectives were rated on functionality, age-appropriateness, instruction of objectives in natural context, instruction of objectives across activities, future relevance, whether performance of each IEP objective would promote (non-instructional) interactions with nondisabled peers, relatives, community members, or school personnel and whether future placement planning (i.e., transition to an LRE setting) was an integral part of IEP development. IEP reviews also evaluated the degree of input from family members, regular class teachers, and related service professionals, whether objectives involved integrated or isolated therapy, and how objective prioritization was accomplished.

Reviews were completed by rating each objective included in the student's IEP as well as by reviewing cumulative folders and interviewing classroom teachers, regarding pre-existing procedures for developing IEPs (e.g., was a regular educator questioned regarding future skills, etc.).

A percentage of total objectives was obtained for four desirable dimensions: functionality, age-appropriateness, instruction in natural context, and instruction on objectives across activities. Additionally, objectives were rated on whether instruction on objectives would promote interaction, on the level of family involvement, inclusion in a less restrictive next class placement (i.e., longitudinal objectives), whether integrated therapy was provided by related service providers, and the inclusion of an objective prioritization process. Operational definitions for each of these dimensions are included on the IEP Review instrument.

IEP review results indicate each IEP was appropriate across all dimensions.

Objective D: To develop and implement a systematic, routine-based instructional process which provides group-individualized instruction within each integrated classroom routine by synthesizing two established methodologies (Frans, 1987; Project LEAP).

Activity 1 (Planned completion date: First half of Year 1)

1a. Design a process that ensures that each child actively participates in one or more activities in every classroom routine by working on individualized, targeted instructional objectives in group settings.

DEM 8/22/91: A routine-based, individualized group process has been designed that ensures each child's participation in every classroom routine. The validity of this process will be evaluated by having six early childhood and special education experts review and provide feedback. This validation exercise and a refinement of this process is expected to be completed by the end of Year 2. *

ACTIVITY EXPANSION: The "process designed to ensure active participation of every child in each routine" necessitated the addition of several components to the proposed SIPE Model. These components include facilitating interaction between children with and without disabilities, identifying the best teaching activities to use during individualized group instruction, setting up a quality preschool environment and using typical materials, and using positive guidance techniques.

DEM 2/19/92: **ACTIVITY 1a COMPLETED**. The process has been completed, it's validation and refinement will be completed by the end of Year 2.

DEM 8/28/92: Feedback from Year 2 pilot-testing of the individualized group instructional process resulted in the following revisions/additions to the process:

1. An agenda format for the monthly team meetings so they would be more efficient and ensure collaborative teaming during meetings;

2. A list of teaching strategies to promote participation within routines to use during team meetings; and

3. A delineation of teams into Student Planning Teams (consisting of the ECSE, ECE, and families, if they so choose) to meet weekly and Extended Planning Team (consisting of ECSE, ECE, therapists and families, if they so choose) to meet monthly.

1b. Establish classroom schedule reflecting 1a.

DEM 8/22/91: **ACTIVITY 1b COMPLETED**. Survey data have been interpreted as they relate to typical preschool classroom schedules. This information was used to devise and implement a typical classroom schedule in the summer school session. The sample schedule will also be included in the SIPE training manual.

Activity 2 (Planned completion date: Year 2/Year 3)

2. Implement data-based instructional strategies which specify instructional contexts, instructional program features, and data collection procedures.

DEM 2/19/92: Project staff have begun to implement data-based instructional strategies which specify instructional context, program features and data collection procedures in the reverse mainstreaming classroom. This activity is at the rudimentary stage in that classroom and will continue to be developed throughout the remainder of this academic year. The staff in the Head Start program have already met and been notified that the implementation of data-based instructional strategies will begin in April with that classroom and continue throughout the academic year.

DEM 8/28/91: Data-based instructional strategies were fully implemented by the end of the school year in the Head Start and the reverse mainstream classroom. This process will continue to be implemented in Year 3 in these classrooms and in the Westminster replication classrooms.

DEM 1/6/93: **ACTIVITY 2 COMPLETED**. Data-based instructional strategies were implemented in two reverse mainstream classrooms and in the Westminster replication classrooms. A second version of the data collection form was developed for use by an ECSE teacher serving children with identified needs in multiple inclusive classrooms. Both versions of the data collection sheet will be included in the SIPE Inservice Training Manual.

Activity 3 (Planned completion date: Year 2/Year 3)

3. Pilot test the routine-based instructional process in the integrated classroom and refine the process as necessary.

DEM 8/22/91: **ACTIVITIES 2 AND 3 EXPANDED AND STARTED AHEAD OF SCHEDULE.**

These activities were originally proposed to be conducted during Years 2 and 3 of the project. However, both implementation and pilot-testing of a preliminary draft of this routine-based, individualized group instructional process were begun during Year 1 and during the summer school class in Year 1 in response to the preschool team's identified need to become familiar with this component of the SIPE Model. This additional summer classroom pilot-testing actually was an expansion to our original commitment to collaborate with Greene County during the school year of Year 1. Pilot-testing in the summer school class required extensive discussions and as a result, revisions to the process. One revision has been completed, and testing and revision will continue to be done throughout Years 2 and 3 of the project.

The assessment of the effectiveness of routine based instruction has become a challenging issue for the project because of the many service delivery changes that have occurred during Year 1. Originally, we proposed to collect student behavioral observation data using videotapes on three occasions: upon child entrance to the program, prior to involvement in routine-based, individualized group instruction, and after this instruction. Videotapes of classroom data were in fact collected during two periods of time, but changes in agency collaboration and service delivery have resulted in those data being unusable. The first videotapes were made in a classroom that was originally part of the collaborative effort but no longer is (see Continuation Proposal for Year 2 for a detailed explanation). The second videotapes were made in a classroom that began its collaboration with the project during the second half of Year 1 and was using a reverse mainstreaming model by placing children without identified needs full time in its self-contained class. The students who were in this class are still being served by the project but the model for service delivery has been changed to full inclusion in a Head Start class. The Battelle Developmental Inventory was also administered to the children without disabilities upon their entry into this reverse mainstream classroom.

Dr. McManus, Director of Special Education for Greene County Schools, pursued the expansion of service delivery to a fully integrated service delivery model. She was successful in having the students who were in the "reverse mainstream" class during Year 1 served full time in a new Head Start program beginning in the upcoming academic year which is Year 2 of the project. Because many variables will change as a result of this placement change (staff, setting, student ratio, classroom operations, etc.) it would be impossible to compare the baseline videotapes with any subsequent tapes. Consequently, various options are being discussed among project staff and in consultation with our Project Monitor to resolve the current problems concerning the collection of these data.

DEM 2/19/92: A meeting has been held to introduce the routine-based individualized group instructional process to the Head Start staff and the staff of the reverse mainstream class at the Greene County Primary School. This process is currently being pilot-tested in the reverse mainstream classroom and will be introduced within the next 30 days in the Head Start classroom.

DEM 8/28/92: Pilot-testing of the routine-based individualized group instructional process was completed in the full inclusion and reverse mainstream classrooms in Year 2. Prior to and following implementation of this process, student behavioral observations were conducted in both classrooms. The Battelle Developmental Inventory was also completed for the children without disabilities as a pre- and post-test at the beginning and end of Year 2.

Pre- and post-test observational data to assess the effectiveness of routine-based instruction will also be collected in Year 3 in two classrooms at our replication site, Westminster Child Care Center.

DEM 1/6/93: **ACTIVITY 3 COMPLETED**. The children without disabilities in the reverse mainstream classroom (n=2) and one of two children without disabilities (that moved from a reverse mainstream setting) in the full inclusion classroom showed average to above average gains in all developmental areas. The fourth child exhibited lower than average pre-test scores and below average post-test scores and, consequently, qualified for special education services. Post-test student behavioral observation data revealed marked and significant increases in participation in school routines across all children with disabilities in both the reverse mainstream and full inclusion settings in Greene County schools as compared to pre-test data.

Goal 2: To conduct management activities related to the implementation of the SIPE Model classroom.

Objective A: To identify and recruit students for the preschool integrated classroom in the Nelson County/Greene County School Systems.

Activity 1 (Planned completion date: First half of Year 2)

1. Generate options for funding the costs of maintaining normally developing children in the integrated preschool classroom (e.g., sliding scale fee, scholarships, Preschool Incentive Grant, etc.).

DEM 8/22/91: **ACTIVITY CHANGE**. During the time that the reverse mainstreaming class was being set up in Greene County, the Director of Special Education determined that no additional funds would be required to serve normally developing children in the classroom provided that: 1. each family arranged for their child's transportation, and 2. no additional school services were required. Therefore, no need existed to generate a list of funding options.

DEM 8/28/92: **ACTIVITY 1 EXPANDED**. Since the SIPE Model was expanded to include a full inclusion option where children with disabilities would attend a community preschool it was necessary to generate options for funding the costs of tuition and transportation for the children with disabilities to attend community programs. These issues were discussed in Interagency Planning Committee meetings and creative solutions for funding were developed and will be documented in the Final Report. These solutions will also be included in the SIPE Inservice Training Manual section on Planning for Inclusive Placements.

DEM 1/6/93: **ACTIVITY 1 COMPLETED**.

Activity 2 (Planned completion date: First half of Year 1)

2. Recruit and select normally developing children for classroom participation (the school district will already have identified children with disabilities eligible for services).

DEM 8/22/91: Recruitment of normally developing children has been completed for the reverse mainstreaming class. Equal numbers of children with and without needs were not able to be achieved in that class because the special education student enrollment was higher than anticipated, leaving fewer slots for children without needs. However, now that our service delivery model will center on full integration in the Head Start program rather than a reverse mainstreaming option the program standard for the ratio of children with and without needs will change to include a larger proportion of children without needs, i.e., 6:13.

DEM 2/19/92: **ACTIVITY 2 COMPLETED**.

Objective B: To hire/identify and train team members (e.g., teacher, related service personnel, Integration Specialist, Parent Consultant, school administrators in the SIPE Model.

Activity 1 (Planned completion date: Year 1)

1. Hire Parent Consultant.

DEM 8/22/91: **ACTIVITY 1 COMPLETED**. Two parents of children with disabilities were hired as parent consultants during the first quarter of Year 1.

Activity 2 (Planned completion date: Years 1 and 2)

2. Identify contracted school personnel that provide direct educational and related services to eligible preschool-aged children.

DEM 8/22/91: Direct and related service personnel for the children with disabilities were identified during the first quarter of Year 1. Subsequent changes in direct and related service personnel occurred (see Continuation Report). A record has been maintained of staff participation with the SIPE Model.

DEM 2/19/92: The Greene County special education teacher that was part of this collaborative model submitted her resignation in January. Greene County special education director, Dr. Mary McManus, is currently interviewing to fill the vacant special education teacher position.

DEM 8/28/92: **ACTIVITY 2 COMPLETED**. The special education teacher position was filled. SIPE Project Coordinators provided daily on-site assistance in the classroom while this position was vacated as well as when the new staff person first came on board. This new staff person has signed a contact to continue to teach in Year 3 in the model classroom.

Activity 3 (Planned completion date: Years 1 and 2)

3. Provide inservice training to the SIPE Model team prior to implementation regarding:

a) using family-centered approach to team-based decision making;
b) making the IEP a relevant, meaningful, planned document by:
   1. using the IRAP to conduct the educationally relevant team assessments;
   2. using a team approach to translate child assessment results into functional, routine-based educational objectives (which includes the integration of therapy objectives within functional, routine-based activities); and
   3. using a team approach to prioritize educational objectives.

c) using a routine-based approach to the delivery of instructional and therapy services in home, school, and community settings; and

d) using the IEP for educational monitoring and accountability.

DEM 8/22/91: Inservices have been provided on the Family-Centered Integrated Teamwork (FIT) approach and on the preliminary draft of the Individualized Routine-based Assessment Process (IRAP) which included inservices on conducting team assessments, translating assessment results into functional, routine-based objectives, and using a team approach to prioritize educational objectives. The inservice modules which describe the IRAP will continue to be expanded as IRAP is further refined.

DEM 2/19/92: Activity is ongoing.

DEM 8/28/92: An inservice was provided on the routine-based individualized group instructional process which addresses the delivery of instructional and therapy services in home school and community routines and uses the IEP for educational monitoring and accountability.

ACTIVITY EXPANSION: As a result of the challenges we experienced in developing this inclusive classroom which merged best practices in special education and early childhood education, we developed the following additional inservice presentations:

a) fostering children's self-control using positive discipline and complementary non aversive behavior management techniques (how to expand the use of positive discipline techniques to include the use of behavioral techniques for children with more challenging behaviors).

b) the classroom environment (how to adapt a developmentally-appropriate classroom arrangement, furniture, etc. to make sure children with disabilities are included in all of the classroom activities.

c) fostering social relationships (how to promote friendships between children with and without disabilities in the classroom by structuring the environment, using curricular activities, encouraging children without disabilities to interact with children with disabilities, and encouraging children with disabilities to interact with children without disabilities.

d) collaborative teaming and staff roles (how to use a collaborative teaming process to define staff roles and meet the needs of all children in an inclusive program).

e) theme-based planning (how to plan a developmentally appropriate curriculum which addresses the weekly theme in all routines across the day).

Inservices or small group workshops were provided for all but two of these topics: collaborative teaming and fostering social relationships. These training sessions will be provided in the Fall of 1992.

These inservice modules and the SIPE Model Implementation Manual will be combined to become "The Systematic Inclusive Preschool Education (SIPE) Inservice Training Manual" which will include inservice training text, overheads, handout packets, and follow-up activities for each inservice training module.

DEM 1/6/93: **ACTIVITY 3 COMPLETED.**

Activity 4 (Planned completion date: Years 1, 2, and 3)

4. Provide consultation to team members on an ongoing basis throughout SIPE Model implementation through regularly scheduled full and partial team staffing.

DEM 8/22/91: **ACTIVITY EXPANSION.** Far more extensive consultation to classroom staff and related service providers has been required and provided during Year 1 of the project than anticipated. For the majority of the latter part of Year 1, project staff were based in the classroom every scheduled class day to consult and model appropriate techniques. Because of the intensity of this consultative relationship, the team proposed that the consultative efforts be evaluated continuously and informally.

Additionally, packets of information were developed to define a heuristic for merging of best practices of regular early childhood education and preschool special education. Operationalizing and understanding how this merger can result in improved educational benefits has been particularly challenging. Some of the areas addressed which relate to this best practice merger include arranging the classroom environment, selecting teaching activities, using positive guidance techniques, and promoting child to child interaction. This body of research that project staff have reviewed and synthesized will be presented in the SIPE Manual.

DEM 2/19/92: The consultation required to implement features of the SIPE Model continues to be far more extensive than originally planned. Because of key staff changes, the composition of the Head Start class, the number of children required to be served under Head Start policy, and the lack of experience of existing teachers, project staff are spending four full days a week in the classroom to provide, in addition to the consultation, modeling and feedback experiences.

DEM 8/28/92: Extensive on-site consultation continued in both the reverse mainstream and Head Start classrooms through June.

DEM 1/6/93: **ACTIVITY 4 COMPLETED.** Weekly on-site consultation has occurred in the four inclusive classrooms at Westminster Child Care Center. These consultations have involved weekly and classroom observations, in-vivo modeling and coaching and collaborative team meetings. Fading provisions have been made with the agreement that the Westminster Child Care Center Director will attend some of the collaborative team meetings, serve as observer, and give written feedback regarding team process skills. Additionally, this director

and the Albemarle County Schools Special Education Director have agreed to share evaluation responsibilities of the ECSE teacher, using an evaluation tool designed for use with an ECSE in an inclusive setting. Also, the Westminster director will use a new evaluation tool with the ECE teachers that is geared at assessing the skills of an ECE teacher in an inclusive site.

Goal 3: To replicate the SIPE Model in a new preschool classroom in a public school system, and disseminate project products and findings.

Objective A: Assist a second school system in setting up a SIPE Model classroom.

Activity 1 (Planned completion date: End Year 2)

1. Develop a "SIPE Model Implementation Manual" for use by non-project participants. The manual will include procedures for establishing and maintaining an integrated preschool program, selecting team members and inservicing them in the use of the SIPE Model, and selecting community-based instructional sites appropriate for preschoolers, etc.

   DEM 8/22/91: **ACTIVITY STARTED AHEAD OF SCHEDULE**. This activity was originally proposed to be conducted during Year 2 of the project. However, in response to the preschool teams identified need to become familiar with all of the SIPE components, a preliminary draft of the manual was developed during Year 1. This manual will be revised throughout Years 2 and 3 of the project. Phone interviews were done to have families identify the pros/cons of full inclusion and staff tried to address cons, letters were sent to parents sharing information about the Head Start classroom, options for placement were given to families of children in the SIPE classroom including a reverse mainstream model versus full inclusion, and the application process was family-centered and accommodated families that had previously been in the preschool program. These steps will be added to the FIT guidelines to ensure that school systems will have guidelines from which to develop policies and practices to use with families and their children with disabilities that are moving from a public segregated preschool setting to an integrated community preschool setting.

   DEM 2/19/92: Activity is ongoing. Revisions to SIPE Model Implementation Manual are expected to continue throughout the remainder of this project.

   DEM 8/28/92: As evidenced in the activity expansion (see Objective B, Activity 3), the SIPE Inservice Training Manual has been changed. Extensive revisions have been made to the modules in the Inservice Training Manual based on feedback from the Greene County participants. The final two modules will be tested and revised in the Fall of 1992.

   DEM 1/6/93: **ACTIVITY 1 COMPLETED**.

Activity 2 (Planned completion date: Beginning of Year 1)

2. Confirm the commitment of Greene County/Nelson County School District to serve as a replication site for the SIPE Model.

   DEM 8/22/91: An additional class has been established in Greene County. We have been asked to assist this class in implementing the SIPE Model. We are reviewing our commitments to Nelson County and conducting a dialogue with Nelson and Greene to determine the most

effective way of implementing the model given the limited resources.

DEM 2/12/92: Nelson County Public Schools will not commit to use of a full inclusion model insofar as the ECSE believes her students with severe disabilities will be better served in a self-contained classroom. For this reason, SIPE staff is identifying other options for replication of the SIPE model.

DEM 8/28/92: **ACTIVITY 2 COMPLETED**. SIPE staff have confirmed the commitment of Albemarle County Schools and Westminster Child Care Center to collaborate in the replication of the SIPE model in a full inclusion preschool program at Westminster.

Activity 3 (Planned completion date: Beginning of Year 3)

3. Conduct inservice training with replication site personnel.

DEM 8/28/92: Meetings have been held with Albemarle County and Westminster Child Care Center administrators to schedule inservice training sessions. The first session will be held in September.

DEM 1/6/93: **ACTIVITY 3 COMPLETED**. Albemarle County Public School, in collaboration with Westminster Child Care Center, have established four inclusive classrooms at Westminster. Staff have received inservice training on the eight SIPE modules. Each inservice training included follow-up activities and extensive on-site consultation.

Activity 4 (Planned completion date: Year 3)

4. Assist the replication site in implementing the SIPE Model for equal numbers of preschool children with severe disabilities and normally developing children and provide on-site technical assistance.

DEM 8/28/92: As noted in Objective B, Activity 1, the SIPE Model has expanded to provide full inclusion of preschoolers with disabilities in a community preschool. On-site consultation will be provided on a weekly basis to assist the ECE and ECSE staff to implement the model.

DEM 1/6/93: **ACTIVITY 4 COMPLETED**.

Objective B: To disseminate information related to project products and outcomes on the national, state, and local levels.

Activity 1 (Planned completion date: End Year 2/Year 3)

1. Design a "SIPE Inservice Training Module" that may be used to extend national dissemination activities beyond the end of the grant's funding cycle by distributing the module to other professionals who provide inservice training.

DEM 8/28/92: The SIPE Inservice Training Manual has been developed and a final revision will be made following implementation in the first half of Year 3.

DEM 1/6/93: The first round of revisions are being made to the SIPE Inservice Training Manual.

DEM 8/20/93: **ACTIVITY 1 TO BE COMPLETED BY THE END OF THE PROJECT EXTENSION PERIOD.** Final revisions will cotinue to be made to the SIPE Manual throughout the no-cost extension time period.

Activity 2 (Planned completion date: End Year 2/Year 3)

2. Inform school districts throughout Virginia and nationally regarding the availability of inservice training directly and/or via the Virginia Department of Education and Technical Assistance Center.

DEM 8/28/92: The Virginia Department of Education and Virginia ECSE Technical Assistance Centers (TACS) have been informed about the availability of SIPE inservice training and visits to the model program. Proposals are being submitted to present at national conferences (e.g., NASP, DEC, TASH).

DEM 1/6/93: Proposals continue being submitted to present at state and national conferences.

DEM 8/20/93: **ACTIVITY 2 COMPLETED.**

Activity 3 (Planned completion date: End Year 2/Year 3)

3. Arrange for and conduct inservice training at non-project sites as requested by interested parties and arrange for on-site visits to the SIPE Model demonstration classroom.

DEM 8/28/92: Dissemination activities have begun with school systems in Virginia on various inservice modules within the SIPE Inservice Training Manual. Conferences have been scheduled for the fall of 1992 through the Virginia Department of Education and will be scheduled as requested by school districts through the ECSE Technical Assistance Centers serving Virginia.

DEM 1/6/93: Visits are scheduled for March and April to the two reverse mainstream classrooms and the four full inclusion classrooms.

DEM 8/20/93: **ACTIVITY 3 COMPLETED.** A listing of inservice training sessions and conference presentations are provided in the Dissemination section of the Final Report.

Activity 4 (Planned completion date: End Year 2/Year 3)

4. Disseminate the "SIPE Inservice Training Manual" to interested professionals throughout the nation.

DEM 8/20/93: **ACTIVITY 4 TO BE COMPLETED BY THE END OF THE PROJECT EXTENSION PERIOD.** The SIPE Inservice Training Manual has been distributed to all Technical Assistance Centers in the Commonwealth of Virginia and to requesting school districts. This

manual will be sent to publication companies at the end of the no-cost extension period when it will be in its final form.

Activity 5 (Planned completion date: End Year 2/Year 3)

5. Submit studies and descriptive articles to professional journals.

DEM 1/6/93: Articles are currently being prepared on the SIPE Model.

DEM 8/20/93: **ACTIVITY 5 TO BE COMPLETED BY THE END OF THE PROJECT EXTENSION PERIOD**. Manuscripts are currently being revised to be sent to professional journals.

Activity 6 (Planned completion date: End Year 2/Year 3)

6. Present project products and findings at state and national conferences.

DEM 1/6/93: Twenty-seven presentations, inservice training sessions, and on-site consultations have been conducted to date.

DEM 8/20/93: **ACTIVITY 6 COMPLETED**. See Dissemination section of Final Report for details.

Goal 4: To conduct formative and summative program evaluation of all SIPE Model activities.

Objective A: Provide information for the purpose of decision-making during the development and implementation of the project.

Activity 1 (Planned completion date: First quarter of Year 1)

1. Review the evaluation design and work plan with the Project Monitor and modify as necessary.

DEM 8/22/91: For our first DEM quarterly review, our project monitor chose to use a naturalistic evaluation method which focused on aspects of systems change. Dr. Covert recommended documenting the process of change that was occurring rather than conducting a formal, regularly scheduled evaluation of project activities and using him as a resource to address the ever present systems change issues. Therefore, the DEM review form was only used at the end of Year 1, for the Third Party Evaluator to review. As can be seen in the Year 1 Summative Evaluation Report written by Dr. Judy Stahlman, Third Party Evaluator, a recommendation was made that during Year 2 project staff take over the DEM reviews of project activities and conduct these reviews approximately three times a year while Dr. Covert uses a naturalistic approach to provide project monitoring.

ACTIVITY 1 COMPLETED.

Activity 2

2. Develop Discrepancy Evaluation Monitoring (DEM) Forms that outline project goals and activities.

ACTIVITY 2 COMPLETED.

Activity 3 (Planned completion date: First quarter of Year 1)

3. Conduct DEM reviews on all proposed project activities.

DEM 8/22/91: This DEM protocol was reviewed and the DEM review was conducted by the Third Party Evaluator at the end of Year 1 as was suggested by our Project Monitor (see Goal 4, Activity 1).

DEM 2/19/92: The first DEM review for Year 2 is completed.

DEM 8/28/92: The second DEM review for Year 2 is completed.

DEM 1/6/93: The first DEM review for Year 3 is completed.

DEM 8/20/93: **ACTIVITY 3 COMPLETED.**

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Activity 4

4. Analyze and report DEM review findings.

DEM 8/22/91: This activity is completed for Year 1.
DEM 8/28/92: DEM review analysis is completed for Year 2.

DEM 8/20/93: **ACTIVITY 4 COMPLETED.**

Activity 5 (Planned completion date: End of Year 3)

5. Include in the SIPE Inservice Training Manual an evaluation guide that may be used by other replication sites to evaluate the SIPE Model.

DEM 1/6/93: Each best practice feature within the SIPE Inservice Training Manual includes first draft evaluation checklist.

DEM 8/20/93: **ACTIVITY 5 CHANGED AND COMPLETED.** Activity 5 was modified so that checklists were incorporated in several relevant sections of the SIPE Manual, rather than having a separate guide to evaluate the multiple components of the SIPE Model. This modified approach was thought to be easier for school districts to utilize.

Objective B: Provide summative information on overall impact of the project to all relevant audiences.

Activity 1 (Planned completion date: End of Years 2, 3)

1. Prepare a written report of all DEM reviews at the end of each funding year.

DEM 2/19/92: **ACTIVITY 1 COMPLETED FOR YEAR 1.**

DEM 8/28/92: Because funding for Year 2 was less than anticipated, the summative evaluation activity for Year 2 was deferred to a combined Year 2-Year 3 summative evaluation report.

DEM 8/20/93: **ACTIVITY 1 COMPLETED FOR YEAR 3.** This complete DEM Review Summary for Years 1, 2, and 3 of the project is provided in the Final Report.

Project Impact: Products and Dissemination Activities

The primary finding of this project is that preschool aged children with all levels of disability, including children with severe, profound, or multiple disabilities, can be educated with their nondisabled peers in community preschool classrooms using a merger of best early childhood and best early childhood special education practices.

Two major products were developed during this project to assist school districts in providing inclusionary educational services to these preschoolers. The Individualized Routine-based Assessment Process (IRAP) for Preschoolers with Developmental Disabilities is a set of four booklets plus a computer software program. This product is used to develop relevant, functional, developmentally appropriate and age appropriate IEPs for preschoolers who may be functioning between the 0 month to 60 months developmental range in multiple domains. The process of developing IEPs using IRAP insures that all children, even those with profound and multiple disabilities, will be fully included with their peers in all typical preschool routines during assessment and instruction. IRAP has already passed an in-house review at Communication Skillbuilders Publishing Company and is being review externally. The second product, Inclusive Preschool Partnerships: A Guide for Making Them Work is an eight chapter inservice training manual which includes workshop training modules, overhead transparencies, handout packets, and follow-up activities. This manuscript is currently being reviewed by Communication Skillbuilders Publishing Company for publication. Both products have already been distributed through the University of Virginia to requesting professionals throughout the state and nation, and have been placed in the library of each of the five Virginia Technical Assistance Centers for professionals serving students with severe disabilities in Virginia.

Dissemination activities took place throughout the project's operation and consisted of statewide inservice training, presentation of project findings at conferences and symposia, and visitations to our model classrooms. Approximately 1,292 professionals and parents were formally provided with information about the processes, materials, and findings produced by this project through 61 separate inservice training sessions and conference presentations. Table 3 lists the majority of inservice training activities and conference presentation activities conducted by project staff and also names the professional positions of the inservice participants who signed our attendance log.

Table 3: SIPE Inservice Training Workshops and Conference Presentations

Inservice: The SIPE Model
Dayton Learning Center, Dayton, VA
May 6, 1991
35 ECSEs, administrators, RSPs

On-site consultation: Merging Positive Discipline and Behavior Management
Ashby Methodist Day Care and Waterman Elementary School, Harrisonburg, VA
January 21, 1992
3 ECEs, ECSEs

On-site consultation: Merging Positive Discipline and Behavior Management
Waterman Elementary School, Harrisonburg, VA
February 5, 1992
6 ECEs, ECSEs

Inservice: Planning for Integrated Preschool Programming
James Madison University, Harrisonburg, VA
March 10, 1992
40 (ECSEs, ECEs, administrators, therapists)

On-site consultation: Arranging the Preschool Environment/Merging Positive Discipline and Behavior Management/Teaching in Routines
Ashby-Lee Elementary School, Shenandoah County, VA
March 11, 1992
4 ECEs, ECSEs

On-site consultation: Planning for Integrated Preschool Programming
Shenandoah County, VA
March 19, 1992
8 administrators, ECEs, ECSEs, therapists

On-site consultation: Merging Positive Discipline and Behavior Management/Arranging the Preschool Environment/Teaching in Routines
Ashby-Lee Elementary School, Shenandoah County, VA
March 24, 1992
8 ECEs, ECSEs, administrators

Inservice: Planning for Inclusion
Westminster Child Care Center, Albemarle County Schools, Charlottesville City Schools, Charlottesville, VA
September 2, 1992
24 ECEs, ECSEs, APEs, administrators

Inservice: Planning for Inclusion
Charlottesville City Schools, Charlottesville, VA
September 3, 1992
9 ECSEs, ECEs, administrators

Inservice: Collaborative Teaming/Individualized Routine-Based Assessment Process
Greene County Schools, Greene County, VA
September 18, 1992
9 ECSEs, therapists, administrators

Inservice: Planning (Part 2): Developing the Vision/Best Practices
Westminster Child Care Center, Albemarle County Schools, Charlottesville City Schools, and First Presbyterian Preschool, Charlottesville, VA
September 23, 1992
15 ECEs, ECSEs, APEs, administrators

Inservice: SIPE/Planning for Inclusion
James Madison University, Harrisonburg, VA
September 24, 1992
10 JMU faculty, students, director

Inservice: Fostering Social Relationships (Part 1)
Westminster Child Care Center, Albemarle County Schools, Charlottesville, VA
September 30, 1992
16 ECEs, ECSEs, APEs, administrators

Inservice: Fostering Social Relationships (Part 1 and 2)
Charlottesville City Schools, Charlottesville, VA
October 5, 1992
14 ECSEs, assistants, speech therapists, ECSE administrators

Inservice: Best Practices in Inclusive Programs
James Madison University, Harrisonburg, VA
October 6, 1992
5 students, Director, ECSE staff

Inservice: Fostering Social Relationships (Part 2)
Westminster Child Care Center and Albemarle County Schools, Charlottesville, VA
October 14, 1992
16 administrators, ECEs, ECSEs, APEs

Inservice: Individualized Routine-Based Assessment Process (IRAP)
Greene County Head Start, Greene County, VA
October 15, 1992
5 administrators, teachers

Inservice: Theme-Based Planning/Arranging the Environment
Westminster Child Care, Charlottesville, VA
October 23, 1992
14 ECEs

Inservice: Factors Serving as Supports or Barriers to Integration in Virginia
Dayton Learning Center, Dayton, VA
October 24, 1992
40 ECSEs, administrators, RSPs, other

Inservice: Planning for Inclusion
Shenandoah County Schools, Shenandoah County, VA
October 26, 1992
15 ECSE, ECE, administrators, RSPs, other

Inservice: Individualizing Group Instruction
Charlottesville City Schools, Charlottesville, VA
6 administrators, teachers, APEs, other

Presentation: Planning for Inclusive Preschools: Using a Developmentally-Appropriate and Complementary Special Education Practices
A Special Early Childhood Education: Developmentally-Appropriate Practice in ECSE Conference, Norfolk, Virginia
November 6, 1992
60 ECSEs, ECEs, administrators, RSPs

Inservice: Planning for Inclusion: DAP Using Best ECE/ECSE
A Special Early Childhood Education: Developmentally-Appropriate Practice in ECSE Conference, Norfolk, Virginia
November 7, 1992
60 ECSEs, ECEs, administrators, RSPs

On-site consultation: Developmentally-Appropriate Practices (Staff Roles and Classroom Environment)
Alleghany Highlands School, Covington, VA
November 16, 1992
5 ECSEs, administrators

Inservice: Fostering Self-Control (Part 2)
Westminster Child Care Center, Albemarle County Schools, Charlottesville, VA
November 18, 1992
14 administrators, ECEs, ECSEs, APEs

Inservice: Planning for Inclusion
Chesterfield County Schools, Chesterfield County, VA
December 2, 1992
25 ECSEs, administrators, TAC consultant

Poster session: Factors which Affect the Provision of Integrated Placement Options for Preschoolers with Disabilities
International Early Childhood Conference for Children with Special Needs, Washington, D.C.
December 4, 1992
125 participants

Poster session: The Systematic Inclusive Preschool Education Model
International Early Childhood Conference for Children with Special Needs, Washington, D.C.
December 5, 1992
100 participants

Inservice: Fostering Self-Control (cont.)
Westminster Child Care Center, Albemarle County Schools, Charlottesville, VA
December 9, 1992
7 ECEs, ECSEs

On-site consultation: Developing Inclusive Preschool Programs
Richmond Public Schools
December 12, 1992
1 ECSE

Inservice: Individualized Routine-Based Instruction Process
Westminster Child Care Center, Albemarle County Schools, Charlottesville, VA
January 13, 1993
14 ECEs, ECSEs, administrators

On-site consultation: Developmentally-Appropriate Practices (Staff Roles and Classroom Environment)
Alleghany Highlands School, Covington, VA
February 2, 1993
5 ECSEs, administrators

On-site consultation: Including Children with Challenging Behaviors in a Developmentally-Appropriate Pre-Kindergarten Program
Alleghany Highlands School, Covington, VA
February 2, 1993
4 ECEs, ECSEs, administrators

Inservice: Fostering Self-Control
Charlottesville City Schools, Charlottesville, VA
February 22, 1993
6 ECEs, ECSEs, administrators

On-site consultation: Individualized Routine-Based Assessment Process (IRAP)
Zion Elementary, Emporia, VA
March 3, 1993
1 family, 1 ECSE

Inservice: Planning for Inclusion
Richmond City Schools, Richmond, VA
March 5, 1993
40 ECSEs, ECEs, families, administrators, related service providers, community agency representatives

Inservice: Fostering Self-Control: Techniques for Families
Westminster Child Care, Albemarle County Schools, Charlottesville, VA
March 10, 1993
4 families

On-site consultation: Arranging the Environment
Alleghany Highlands, Covington, VA
March 12, 1993
4 ECEs, ECSEs, administrators

Inservice: Fostering Self-Control
First Presbyterian Child Care Center, Charlottesville, VA
March 15, 1993
9 ECEs

Inservice: The SIPE Model
Virginia Council for Exceptional Children "The Face of Inclusion" Conference, Charlottesville, VA
March 20, 1993
15 ECEs, ECSEs, administrators

Inservice: The SIPE Model
Full Inclusion Site Visit, Charlottesville, VA
March 23, 1993
12 ECEs, ECSEs, administrators

Inservice: The SIPE Model
Full Inclusion Site Visit, Charlottesville, VA
March 30, 1993
12 ECEs, ECSEs, administrators

Inservice: The SIPE Model
Full Inclusion Site Visit, Charlottesville, VA
April 1, 1993
12 ECEs, ECSEs, administrators

Inservice: Overcoming Barriers to Integration
ECSE TAC 3 Workshop
April 15, 1993
40 ECSE administrators, teachers, related service providers

Inservice: Planning for Inclusion
National Association of School Psychologists (NASP) Conference, Washington, DC
April 16, 1993
30 administrators, school psychologists

Inservice: Planning for Inclusion
TAC 4 Region, Richmond, VA
April 22, 1993
50 ECEs, ECSEs, administrators

Inservice: The SIPE Model
Reverse Mainstream Site Visit, Greene County, VA
April 22, 1993
12 ECEs, ECSEs, administrators

Inservice: Lights, Camera, Action: Planning to Develop an Integrated Program
Early Childhood Special Education (ECSE), TAC 4 Workshop, Richmond, VA
April 22, 1993
50 ECSE administrators, teachers

Inservice: Everything You Always Wanted to Know About Inclusion But Were Afraid to Ask
Montgomery General Hospital, Christiansburg, VA
April 26, 1993
15 ECE administrators, teachers, university students

Inservice: Planning for Inclusion
Head Start Conference: Working with Children, Roanoke, VA
April 27, 1993
35 Head Start teachers/administrators

Inservice: The SIPE Model
Reverse Mainstream Site Visit, Greene County, VA
April 29, 1993
12 ECEs, ECSEs, administrators

Inservice: Everything You Always Wanted to Know About Integration But Were Afraid to Ask
ECSE TAC 1 Regional Workshop, Wytheville, VA
May 5, 1993
20 ECSE and ECE administrators and teachers

Inservice: The SIPE Model
Full Inclusion Site Visit, Charlottesville, VA
May 6, 1993
10 ECSEs and administrators

Inservice: Positive Discipline
Westminster Child Care Center, Charlottesville, VA
May 7, 1993
4 parents

On-site consultation: Developing a Vision for Preschool Inclusion
Richmond Public Schools, Richmond, VA
60 ECEs, ECSEs, administrators, parents, RSPs, other agency personnel

Inservice: The SIPE Model
Full Inclusion Site, Charlottesville, VA
May 28, 1993
6 CSEs

On-site consultation: Fostering Self-Control
Alleghany Highlands Schools, Covington, VA
June 4, 1993
1 family, 2 ECSEs

Inservice: Fostering Self-Control
ECE Council, Christiansburg, VA
June 8, 1993
40 ECEs

Inservice: The SIPE Model
Full Inclusion Site Visit, Charlottesville, VA
June 8, 1993
3 ECSE administrators

On-site consultation: Developing the Vision for Preschool Inclusion
Westminster Child Care Center, Charlottesville, VA
June 15, 1993
14 ECEs, ECSEs, administrators, RSPs

Evaluation Findings

The project was evaluated in multiple ways. First, project staff and Dr. Robert Covert, the Project Monitor, conducted regular formative evaluations using a Discrepancy Evaluation Model protocol to assess ongoing progress on project activities, to develop an action plan to resolve discrepancies when proposed project activities were no longer appropriate, and to ensure that timelines were being met in a timely fashion. Results of these formative evaluations have been provided in Table 2 of this report.

Additionally, consumers of project services were asked to evaluate their satisfaction with these services in three ways. First, audience members in multiple inservice training sessions which were sponsored by the Virginia Technical Assistance Centers were asked to assess the quality and effectiveness of inservice training provided on four topics: Planning for Inclusive Preschool Programming, Fostering Social Relationships, Fostering Self-Control, and Using Individualized Group Instruction. Comments from these evaluations were used to tailor subsequent inservice training. A summary of those evaluations is provided in Table 4 of this report.

Second, visitors to the model classrooms were asked to evaluate what they observed in the classrooms. Part of the project's dissemination activities included the observation of six model classrooms by visitors. Announcements were sent to all school districts in Virginia regarding the invitation of school personnel to observe one reverse mainstreaming class and one full inclusion class operated by a rural school district (Greene County) and four full inclusion classes operated in a community preschool in a city school district (Charlottesville City). Classroom visitors were provided with observer guidelines before the observation and an informative presentation and SIPE materials before and after each visit occurred. Visitors were asked to complete an evaluation form that included four items: 1) What routines/activities did you observe? 2) What did you see that impressed you favorably? 3) What suggestions do you have to improve the program? and 4) Additional comments. Observer responses to these items are displayed in Table 5 which begins on page 37 of this report.

Third, staff in Westminster Child Care Center (Charlottesville City) who were trained by the project staff to provide inclusive preschool services to children with developmental delays in their classrooms were asked to evaluate the quality of consultancy services and inservice training provided by SIPE project staff at the end of the project's operation. Because this was done at the end of the academic year, not all staff returned their evaluation results. Table 6, which begins on page 62 of this report, displays the comments made by inclusion classroom staff when asked

to evaluate the training and consultancy services provided to them by SIPE project staff. Table 7, which begins on page 63 of this report, shows the ratings given by these model classroom staff to inservices provided by SIPE project staff.

Fourth, validity data were obtained to assess the effectiveness of using (1) the Individualized, Routine-based Assessment Process to develop relevant, activity-based, family focused IEPs that worked in developmentally appropriate inclusionary preschool classes, (2) an inservice training module on fostering social interactions among children with disabilities and children without disabilities in the classroom, (3) an inservice training module on fostering self-control in preschoolers using positive discipline techniques and (4) an inservice training module on implementing routine-based instruction. For these four investigations a pre- post intervention design was used.

The IEP variables investigated included: functionality of IEP objectives, age-appropriateness of objectives, teachability of objectives in natural classroom routines and activities, objectives include family identified needs, some objectives focus on social interactions, consideration is made for skills needed for a satisfactory next class inclusionary placement, (I.E., transitioning), objectives facilitate integrated therapy, and an objectives prioritization process is included in the procedure. The variables studied when investigating social relationships include the child's engagement in solitary play, parallel play, and associative play. The variables looked at when investigating self-control were the exhibition of positive and negative behaviors (operationally defined) in the classroom. The variables studied when investigating routine-based instruction are passive involvement in typical classroom routines active involvement in typical classroom routines, and providing instruction outside of the natural contexts of classroom routines (i.e., pull-out, individualized IEP work). A summary of the results of these investigations is provided in the Appendix of this report. Detailed results of these studies will be included in manuscripts that are being prepared for publication in professional journals.

Table 4: Summary of Inservice Training Evaluation

Topic: Planning for Inclusive Preschool Programming

		Strongly Agree	Agree	Disagree	Strongly Disagree	NA
1.	The information received met my requested need.	64%	27%	4%		5%
2.	The information presented was consistent with the topic and agenda.	82%	18%			
3.	The information was presented in a clear, logical, and concise manner	72%	28%			
4.	The presenter projected a positive professional image.	87%	13%			
5.	The presenter was well-prepared.	87%	13%			
6.	The presenter utilized materials effectively.	74%	22%	4%		
7.	The presenter was able to maintain my interest.	71%	28%	1%		
8.	The presenter appeared to be comfortable with the participants.	92%	8%			

	RECOMMENDATIONS:	YES	NO
1.	Would you recommend this presenter to others?	100%	
2.	Would you recommend this workshop to others with similar needs?	97%	3%

Table 4 continued: Summary of Inservice Training Evaluation

Topic: Fostering Social Relationships

		Strongly Agree	Agree	Disagree	Strongly Disagree	NA
1.	The information received met my requested need.	64%	36%			
2.	The information presented was consistent with the topic and agenda.	91%	9%			
3.	The information was presented in a clear, logical, and concise manner.	73%	27%			
4.	The presenter projected a positive professional image.	91%	9%			
5.	The presenter was well-prepared.	91%	9%			
6.	The presenter utilized materials effectively.	82%	9%	9%		
7.	The presenter was able to maintain my interest.	91%	9%			
8.	The presenter appeared to be comfortable with the participants.	91%	9%			
	RECOMMENDATIONS:	YES	NO			
1.	Would you recommend this presenter to others?	100%				
2.	Would you recommend this workshop to others with similar needs?	100%				

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Table 4 continued: Summary of Inservice Training Evaluation

Topic: Using Individualized Group Instruction

		Strongly Agree	Agree	Disagree	Strongly Disagree	NA
1.	The information received met my requested need.	67%	33%			
2.	The information presented was consistent with the topic and agenda.	67%	33%			
3.	The information was presented in a clear, logical, and concise manner.	60%	40%			
4.	The presenter projected a positive professional image.	100%				
5.	The presenter was well-prepared.	100%				
6.	The presenter utilized materials effectively.	83%	17%			
7.	The presenter was able to maintain my interest.	67%	33%			
8.	The presenter appeared to be comfortable with the participants.	83%	17%			
	RECOMMENDATIONS:	YES	NO			
1.	Would you recommend this presenter to others?	100%				
2.	Would you recommend this workshop to others with similar needs?	100%				

Table 4 continued: Summary of Inservice Training Evaluation

Topic: Fostering Self-Control

		Strongly Agree	Agree	Disagree	Strongly Disagree	NA
1.	The information received me my requested need.	64%	36%			
2.	The information presented was consistent with the topic and agenda.	91%	9%			
3.	The information was presented in a clear, logical, and concise manner.	73%	27%			
4.	The presenter projected a positive professional image.	91%	9%			
5.	The presenter was well-prepared.	100%				
6.	The presenter utilized materials effectively.	82%	9%	9%		
7.	The presenter was able to maintain my interest.	91%	9%			
8.	The presenter appeared to be comfortable with the participants.	91%	9%			
	RECOMMENDATIONS:	YES	NO			
1.	Would you recommend this presenter to others?	100%				
2.	Would you recommend this workshop to others with similar needs?	100%				

Table 5: SIPE Model Classroom Visitors' Evaluations - Rural Reverse Mainstream Classroom

1. What routines/activities did you observe?

   a. science, art activity, moving from table to rug

   b. snacks, snack related to insect

   c. snack, making mud, eating worms

   d. centers

   e. group activity at table, talking about insects, making headbands with antenna, 5 to 7 ratio with students and adults

   f. small group/center time

   g. housekeeping, clean-up, the beginnings of storytime

   h. circle time, review of routine/rules, art

   i. art, free play in centers

   j. circle, art

   k. centers - painting, sand table, kitchen area, two out to brush teeth, seven children, three adults

   l. circle time, art activity

   m. circle/singing (brief), snack, library

2. What did you see that impressed you favorably?

   a. How everyone worked together and how the OT and PT took an active part in classroom activities, the centers are nice

   b. snack related to insects. Loved the idea of having kids pour own drink with measuring cup, promoting independence, giving them choice - "Think about if you want to wear a headband to library," "Quiet Butterflies" to library, labeling of objects in room

   c. Kids pour their own water! Good medical info on wall with clear directions. Each child had their own tub library book. Kids participating at the level they were comfortable/capable of. Worm beside bowl - not in. Either/or statements used. Quiet butterflies go to the library. Teacher acknowledged child's feelings and what was said, then stated, yes, but the rule in this room is... Also, listen to my voice... You may carry my book for me - come get in the line.

d. Nice initiations between children! Adults good at facilitating these initiations. Child-directed activities. Good literacy activities obvious around class. Assistant dealt nicely with "hitting match" between two boys at computer.

e. Several different sensory experiences during activity incorporating cognitive, language, fine motor, gross motor, etc. in activity.

f. Children encouraged to interact with each other and teacher facilitated problem-solving between two children. Children given opportunity to choose own activities, but teacher made suggestions to two boys who were not "sitting" with any particular activity.

g. One of the little boys asked Jason to join him in play. All of the children were engaged/ teachers and assistants interacted with all kids. Kids were happy! Dancing. Lots of singing and happy times.

h. Handling of conflicts was very positive and productive. Spring theme - use of twig to paint. Handling of strangers/visitors.

i. Therapist (?) working with child as he played. Matthew taking Jason to a play area - holding his hand. Teacher facilitated play between them. Teacher encouraged other interactions between children (reading a book together). Child-size chalkboards for drawing.

j. Presence of nurse, who became "extra pair of hands." She helped one remove paint smock. Quietly discuss behavior (whine) apart from group.

k. As children moved, teacher made sure they had a direction - "Where do you want to play?" and offered several (2-3) suggestions.

l. Children were encouraged to express themselves. Children were allowed to comment, etc. I liked Drene's calm approach. It was obvious that she is caring and accepting of the children.

m. Individualization clearly apparent (chart on wall and information about Jason displayed/signs, etc.). Socialization, several children noticed Jason was missing for snack (therapy?).

3. What suggestions do you have to improve the program?

a. Have a window and sink in class

c. Let the child be responsible for wiping his own hands/face, get his own book.

d. Too bad there's not a sink in the room. Would have liked to have seen integrative therapy more child-directed activities with OT/PT.

g. It would be nice to have sink and bathroom in room.

k. Bathroom and sink more accessible might be nice.

l. A bathroom and sink would be nice, and maybe some windows.

m. Did not observe enough to comment.

4. Additional comments:

a. I liked the question/answer session after lunch. Everyone was very nice and helpful with the information.

c. How much planning time per week? Where do you get the objective sheets from? How much alphabet work is done?

d. Would like to see more child-to-child conversations being facilitated.

e. Really enjoyed this visit.

f. Thank you for letting us visit and for sharing with us.

g. Kids are used to visitors - one sat in chair and said he is visitor (Kyle). Thanks!

i. Appeared to be more severely involved children in this class. Should they have been more evenly dispersed between the two classes?

k. Thank you, really enjoyed the opportunity!

m. In both classrooms, I was quite impressed how the presence of visitors had no impact on staff or children! They must get observed a lot!

Table 5 continued: SIPE Model Classroom Visitors' Evaluations - Rural Full Inclusion Classroom

1. What routines/activities did you observe?

   a. snack

   b. centers - planting seeds - two children, flower picture collage - 3 children, cutting - 1 child, dirt in tub to pretend to plant

   c. snack, child gave first and last name

   d. pasting flowers and pictures in a book, cutting a picture of a flower, planting flower seeds

   e. circle - flowers (count), centers - beginning

   f. circle

   g. small group - cow puppets, play dough

   h. circle time, choice of activities to work on/centers

   i. circle

   j. music/circle, center activities

   k. circle - ten children, four adults, counting pigs, story

   l. circle time, work time

   m. centers, play dough, blocks, dramatic play, art

2. What did you see that impressed you favorably?

   a. Counting out napkins for snack. Commenting on concepts top/bottom when choosing a napkin. Speech therapist moving among students, asking questions.

   b. Low bulletin board in circle area. Interaction which occurred while playing with dirt. Freedom to change activities. Providing enough materials so they may play alongside each other in two tubs of dirt and two scoops. Clean-up song.

   c. Constant interaction with children. Allowing child to pour their own juice. Good teacher-adult-student relations.

   d. Every child was actively participating in an activity, whether it be independent or adult-supported/directed. Lots of language, positive, happy environment. Warning given, clean-up song.

e. Making choices. Positive interactions between children and teachers.

f. Children were gently reminded of expectations, each child had his turn and others were encouraged to respect his turn. Each child was given opportunity for success - teacher geared counting exercise to different ability levels.

g. Hard to tell special needs kids. Positive interactions - even in unpleasant experiences (pushing). Kids are used to visitors. Teacher reminds children of time so they get idea of when to ?????? and clean up. Porsha said she couldn't write her name - teacher helped her discover how to put paper on board and copy name from card. Kids are great at cleaning up - encourage to ask how they can help. Kids wear tags as "helpers."

h. Theme was evident throughout room, in planning and materials selection.

i. Number of adults with the group. Use of manipulatives. All activities tied together for theme.

j. Loved wall that held items by magnets. Pick enveloped that contain names for jobs. Nice discussion of all centers. Let each child choose center. Nice way to solve problem of sharing play dough.

k. Quiet speaking directly from nearest adult when child speaking out of turn or pushing another child. Asked same child concept of bottom three times (unobtrusively) during story - third time got right!

l. I liked it when Kelly joined Kruz in his car and pretended to go a few places. When I observed there were four adults who actively were involved with children. I also liked the system for children randomly selecting name of child to perform different jobs.

m. How long children attended in centers, level of noise and disruption low, the ease of movement of individual children from one center to another, the nice teacher-child, child-child interactions

3. What suggestions do you have to improve the program?

c. Window and sink in room.

d. Where do gross motor activities take place? Do the students wear name tags around neck all day?

e. Encourage some interactions by having children choose a friend to interact with in centers - could model language by having them ask "Do you want to work in housekeeping with me?" etc.

g. Would be nice to have a sing and bathroom in room.

i. Let the extra adults do all discipline so the teacher won't have to stop what she's doing.

j. Boy pretending to drive car - might be encouraged to interact with more peers or use more items in room - appeared only to turn wheel, make driving noises. Teacher just joined him and engaged in social interactions with peer - went from "improvement" list to "impressed."

k. Bathroom and sink more accessible might be nice.

m. Every center could be related to theme. This may have been the case but it was not clearly apparent in play dough or housekeeping and block area.

4. Additional comments:

a. Good interactions with children. Child-initiated.

c. Excellent day.

d. Thanks for a wonderful day!

e. Children seem more interactive with adults than other children. Would like to see more child-to-child conversations being facilitated.

f. Thank you for letting us visit and for sharing your expertise.

g. Thanks!

h. It appeared that student with milder disabilities were placed in this class while the other class included noticeable behavior differences in children. If true, was there a reason for placement decisions?

j. Nice low shelf for coats and belongings.

k. Great story! Thank you, really enjoyed the opportunity.

m. It was difficult to see individualization - particularly for ECSE children - but this was such a short observation. Is there another lesson plan other than the one we saw posted?

Table 5 continued: SIPE Model Classroom Visitors' Evaluations - Urban Full Inclusion Classroom (Pink Room)

1. What routines/activities did you observe?

   a. Circle, planning, worktime (freely choosing play)

   b. Circle, song, calendar, weather, story, centers/area time (art-rooster)

   c. Centers

   h. Clean-up song, circle, "Old McDonald" song, centers

   i. Clean-up, circle time, "Old McDonald" song with mitten, train to children's names for special jobs, pass out duck symbols on stick (duck symbol between toes), days of week each a separate color, "Hi Ho the Derrio" for day and weather, "We're Gonna Have Some Fun"

   k. Centers

   l. Activity time, theme: animals, clean-up

   m. Circle time, center time

   n. Circle time - jobs, day of week, calendar, identification of zoo theme, choosing areas

   q. Circle, center time, gross motor indoor play

   s. Transition from breakfast to circle (puzzles, journals, books)

   t. Free choice or center time

   v. Center time

   y. Art, listening, center, etc.

   z. Outlines, activities, books, discovery, blocks, headphones, manipulatives, art, carpeting for blocks and kitchen

   bb. Circle and activities

   ff. Circle, play time, outdoor time, lunch

   gg. Housekeeping? Feed the elephant. Floor toys, writing table, art table, games

   hh. Center time, circle time, transition to gross motor play area and computer area

2. What did you see that impressed you favorably?

a. All adults were open to children, conflict resolution done in quiet, calm, and positive way.
Rooms have many wonderful things to do!
"Children allowed to be children."

b. Active interaction between teachers/children.
Teachers moving constantly around interacting with all the children.
Use of sign with song/story.

c. Inclusion/handicapped children

e. Kids make choices re play area. Lead teacher consistent and stuck with kids to resolve conflict and provide/facilitate prompts and explanations. Lots of reflecting of and responding to feelings. All kids involved in centers together! Children with wide variety of interactive play skills solitary to cooperative and amount of time able to sustain play in area. Easy mobility between centers. Lead teacher consistently asked kids to choose area and also responded to children's interest in the area. Easily identified transition time re clean-up - bell and song.

h. Three "teachers" worked well together - one started something, another completed. Consistency and coolness with Will-behavior plan. The physically handicapped child did not appear any different from the other children.

i. Special education teacher leading circle, doing some sign language during songs.
Consistent discipline for all children.
Out of circle - look at a book in quiet area until ready to return.

k. Positive behavior reminders, adult movement between groups, organization charts to remind of what child gets to feed fish, Christopher's posted rules from computer, adult/child supportive interaction, gentle reminders of rules (smock for painting), other charts for guidelines.

l. Lots of choices, teachers pleasant - lead teacher in particular extending play in blocks and sand. Lead teacher interacting nicely on child's level - asking how they feel - what they want to say. Specific direction at clean-up to help child with problems stay on task.

m. Well-defined areas. Children were given choices and told when an area was full.

n. Three teachers, one volunteer. Teachers moving to areas, sitting and working with children. Liked choosing aspect,

limits in each area, display of children's work, asking for plans, written plan.

p. Choices, positive verbal input.

q. Positive attempts at avoiding misbehavior. Good modifications to accommodate physically-involved child.

s. Lights off to signal upcoming changes - gave time left. Children know limits in centers and class routines. Child's artwork posted around the room.

t. Great adaptations for physically-challenged child. All personnel worked with children with special needs.

v. Multiple centers with no disruption and free choice. The therapist working in the classroom.

y. Nice spontaneous sharing with ECSE student by peers; nice use of space and materials, staff smiles a lot.

z. Noticed more movement and language in classroom. Freedom, noticed folder for individual children. Teachers in almost every area, good positive redirection, positive feedback and behavior expected. Specific objectives were worked on taking turns, motor objectives, and manipulation of objects by physically-involved child, following directions. Impressed with allowing children to make choices.

bb. Quality of interactions between teachers and children. Children with disabilities appear to be accepted well by all children. I liked the follow-up activities that were tied in with the theme. I enjoyed watching the interactions.

ff. Age-appropriate toys/activities, children's work displayed, warm, responsive interactions with children, all children were accepted, children with special needs did not stand out - they blended well.

gg. Good redirection of unsafe activities - gave choices which eliminated. I'm glad there are 3 staff members in this room and two ECSE teachers seem to float in and out - very busy activities are well-managed at the same time stories were being read and attended to while all this activity was going on - don't think so many positive activities could be happening without number of staff people. Positive interactions of staff with children evident - children enjoyed interactions, were empowered to make choices, no power struggles were created by teacher. Those children attempting to become in conflict were not rewarded and eventually settled. Good choices offered. Lead teacher contacted all children sitting up/encouraging problem-solving with children. She is very skilled - used restating language. Encouraged Kristen to move to new center where other children were. She didn't want to leave her center

so lead teacher directed some other children into her center to create some interactions. Conflict management food, children given opportunities to solve problems, redirected to stop unsafe practices.

hh. All children were treated respectfully and in the same way. Children with disabilities did not "stand out" and were a natural part of each activity; child-directed activities; staff very eager and willing to learn new techniques; balanced staff/child ratios.

3. What suggestions do you have to improve the program?

a. At circle, too much going on (in small room) - many children waiting too long, too much down time, not prepared - maybe could split into two groups (although at free play, children did a great job of engaging in activities.). Maybe ask the children to intervene with the "special" children a little more than the adults.

b. A little more play on the assistant teacher's part, she seems to supervise rather than take part in the activities going on. Very challenging - with number of special needs, room size, number of teachers.

c. I would discontinue use of fishing poles - flogging occurred.

e. Change the environment (e.g., listening center and more interactive centers). Do you change play areas (e.g., no housekeeping now)? Areas not clearly identified. Some kids never focused and engaged with others or in play during the entire time.

h. Center time - maybe help facilitate play if teachers were spread out in areas (such as 2-year old class) - "looks" a little too full.

k. Adults model or initiate some activities/efforts to have children interact with children who tended to play at solitary level or to isolate themselves.

m. Circle time - need to wait until children are settled before starting circle. All three people there need to help control children. Need bigger space for circle.

p. Limited choices so there can be closer supervision (2 groups at a time, then switch). More specific directions at circle (i.e., "listening" at circle time, "looking"). More parallel talk during free play to build vocabulary. Separation in room? Three children behind it reading (come and go) during circle. I would want to engage them. Little reduction of inappropriate behavior. Five activities going on at same time - difficult to interact with each child. Physically-handicapped child - sitting with no manipulatives to play with. Girl in pink

(Ashley) - random destructive behavior. Circle time - Children active (in own little worlds), not in a stance to listen, assistant teacher leading circle is standing, moving around, has poor eye contact with students. Poor group cohesion. Free choice - too many groups (centers) to supervise behavior adequately. Some children not willing to switch activities during free choice.

q. Larger space for large circle time. Certain maladaptive behaviors observed appeared to be clearly mediated by territorial intrusion.

v. General suggestions: Look long-term. Keep the program in place with much support.

y. Strategies for speech/language pathologist to encourage interaction between ECSE and ECE students - use integrated therapy model.

z. Quiet area in front of room could be in back of room and separate reading and music area. Completing a plan and attention span for George, children initiated language. Limits for special one. Feel more involvement needed with physically-impaired/language. Autistic-like behavior - special education teacher very direct. Helped decide. Zoo animal area is opened - acknowledged that you can go. Kids were saying - remove from situation.

bb. I enjoyed everything. This program looks exciting. What happens when the children choose the same activities every day - or stay exclusively in one area - particularly an area that requires little interaction and communication?

ff. I would have liked to have been there at a time to observe a therapy session. I think it's important to have an integrated therapy model. Also, have the special education teacher more involved as a "team" teacher and less as an "assistant" or "shadowing" the special needs children so the children are "ours."

hh. As you already suggested, encouraging higher levels of interactive play among targeted children and providing opportunities for teachers to give cues or suggest play props to enhance specific learning objectives during part of the day (still allowing for some time for total child-directed play without adult intervention. I found it difficult to keep up with rotating staff (although there was a method here). Smaller number of children or a larger space provided. I second the idea of looking at the total dynamics of a group when integrating special needs children (particularly when other children in the room have challenging behaviors). The room was a handful under the best of circumstances. Perhaps rearranging the room may allow for more open space or change the listening

center to the corner where the stuffed animals and baby bed center is. (Don't we all have a thousand ideas!)

Table 5 continued: SIPE Model Classroom Visitors' Evaluations - Urban Full Inclusion Classroom
(Orange Room)

1. What routines/activities did you observe?

   a. Worktime (free play) - inside equipment play

   b. Center or area time/clean up - motor room (outside play, rainy day)

   d. Play time - sand, block, creative play, art

   o. Block building, play dough.

   w. Theme: saws, nails, hammers. Painting wood constructions (sculptures). Sand (wet) play with dump trucks (construction sites with dump trucks), playdough.

   z. Children engaged in art, blocks, and manipulatives and quiet area books. Discovery area, freedom of choice.

   bb. Activities, clean up, songs, fingerplays, gross motor.

   dd. Free choice, clean up, gym room.

   ee. Free play, movement room.

   ff. Circle, play time, outdoor time, lunch.

   gg. Block play, playdough table, Legos, painting wood sculptures, dirt play, two children sitting at table having conversation.

   jj. Free choice center time - Children were painting bunnies, using playdough, writing, and manipulating bird seed.

   kk. Getting ready for walking tour.

   ll. Circle, center, bunny pictures painted.

   mm. Their choice of free play was excellent.

   nn. Table playdough, table fingerpainting, several children in housekeeping and 2 children playing with noodles. Great messy, fun activities!

2. What did you see that impressed you favorably?

   a. Everyone busy, happy, calm - teachers working with children as they need to be worked with.

   b. Peaceful interaction and play - lots of teacher interaction/play. Teachers were really interacting.

d. All children were actively engaged in their activities.
Could not identify child with disability.
ECSE teacher worked with all children
Kids had lots of choices.
Little (no) discipline problems.

o. Children were being praised for their work. A child was upset by the actions of another child. The upset child went to the other child and expressed the fact that she did not like what was done to her. She did it in a very adult manner. This was an exceptionally well-behaved group.

p. Group cohesion, teacher carried on conversation with children. They were tuned in. Teachers more verbal, commenting, responding, more aware of children's needs (interactive). Good cues. Children more attentive to teacher.

w. Teachers were very positive with the children. Classroom very calm, even with a sick child. Child with disabilities (and most all children) self-directed during my observation.

z. Children cleaned up areas before moving on to another sometimes. Marked areas for children - how many in centers by pictures, effective conflict resolutions, positive feedback and listening to kids, children cooperating, time to work with special child.

bb. Children with disabilities appear to be accepted well by all children. I enjoyed watching the interactions. Enjoyed your songs.

dd. Nice job of using sitting with fingerplays, songs to calm children after clean up. Again, wonderful, calm voice, great use of positive statements to shape behavior. Quick response to physical contact between children. Great! They were facilitated to verbalize feelings. Teacher did a fantastic job of balancing class, visitors without regular assistant. Thanks for allowing me to visit your room.

ee. Positive staff/volunteer interactions. Positive discipline used, redirection of children.

gg. Distinct play centers, respect for children's choices evident, conflict management - playdough, blocks - lead teacher used skills to help children effectively manage conflict. Children were allowed freedom and choices. Children assisting with setting up table. Providing choices to children for their activities and allowing them choices - good activities for emerging literacy - writing notes. Classroom represented a community of young people in action with real things happening and children learning to deal effectively with problems in their community. Very impressive! Children all seemed happy and involved as group members.

jj. Children moved from one routine to another on their own.

kk. Child with disabilities has a nurse in the classroom. There are many adults available to assist with change in routine.

ll. Accessibility of room to children. Positive tone to room.

mm. Their interacting with each other was super.

nn. I loved the varied activities and teacher-child interactions. I'd like to go to preschool in this room! Very impressed with teacher and co-teacher. Had concerns with volunteer from Innesfree. She seemed to attempt to constantly take up other adults'attention.

3. What suggestions do you have to improve the program?

k. Guidance to assistant and volunteer on developmentally-appropriate comments ("We don't have babies in this room" in response to a child pretending to be a baby; "You have to share" to child having trouble sharing blocks - could have said something like, "Sometimes it's hard to share...").

o. That John would be taught to function and participate more with the children as a group and less on his own.

w. I can't think of anything specific I would suggest to improve (other than ECSE teacher be in on the planning).

z. Time for moving - could use timer from center to center; timer would be effective in knowing how long one could work in discovery area. More communication with children in areas of discovery and art to talk about what they are doing. Completing a plan, having a theme was not evident.

bb. I enjoyed everything. This program looks exciting. What happens when the children choose the same activities every day - or stay exclusively in one area - particularly an area that requires little interaction and communication?

ee. Maybe more staff available during movement activities. Do you have housekeeping/dramatic play areas? I missed seeing them.

ff. I would have liked to have been there at a time to observe a therapy session. I think it's important to have an integrated therapy model, as we discussed. Also, have the special education teacher more involved as a "team" teacher and less as an "assistant" or "shadowing" the special needs children so the children are "ours."

gg. I could not identify child with disabilities during free choice. During center time, he was not included in a group - individual instruction was not integrated with other groups. Advanced materials preparation, labeled shelves for materials and method for picking up - many blocks and materials were left on floor as

children left centers. Adults picked up toys instead of prompting children to pick up. A systematic method for choosing "work" centers may be helpful (such as some High scope methods) in having children think of their plans for play.

ll. None.

nn. Maybe more supervision with scissors, i.e., one child took scissors from cutting area and went over to housekeeping and proceeded to attempt to cut another child's hair.

Table 5 continued: SIPE Model Classroom Visitors' Evaluations - Urban Full Inclusion Classroom (Blue Room)

1. What routines/activities did you observe?

   d. Indoor gross motor, circle time - story about potty, choice art/texture activity.

   h. Take off coats, Miss Mary Mack, songs while gather circle, centers.

   i. Circle, baby animals.

   j. Outside play.

   m. Circle time, center time.

   u. Outside play

   v. Outdoor play.

   y. Outside - sand play, climbing, sliding, swinging, balls, riding.

   aa. Outside play.

   cc. Outside play (sand, riding toys, being pulled in wagon).

   ee. Outdoor play.

   ff. Circle, play time, outdoor time, lunch.

   hh. Instructional gross motor play in the rainy day play room

   kk. Outside play.

   ll. Outside and circle.

   nn. Outside play - teacher in white tee-shirt, jeans played a lot with Niko individually but also attempted to have other children come over to play, i.e., "Niko and I are playing in the sand. Do you want to play with us?" Niko appeared to have a real trust for this teacher and went to her for help several times.

   oo. Circle time: Giving the children a choice in a song that they wanted to sing. Very well-behaved children.

   pp. Outside and circle.

2. What did you see that impressed you favorably?

   d. Permitted to actively explore.
   Choices offered as necessary.

h. Bucket of things for centers good transitioning - concrete activity.

j. The students ability to move freely and make choices. The invisibility of special needs kids. They were not discernible from others.

m. Great language modeling.

u. Staff consistent in reacting and facilitating students - use words/what can you do. Staff seemed comfortable and enthusiastic about program.

y. Some ECE staff actively encouraging interaction between children with identified needs and those without.

cc. The new teachers did a great job of eliciting language from the children.

ee. Your wonderful outdoor play area. Positive staff/child interactions.

ff. Age-appropriate toys/activities, children's work displayed, warm, responsive interactions with children, all children were accepted, children with special needs did not stand out - they blended well.

hh. All children were treated respectfully and in the same way. Children with disabilities did not "stand out" and were a natural part of each activity; child-directed activities; staff very eager and willing to learn new techniques; balanced staff/child ratios.

kk. One child gathered a group of children together and said, "Who wants to roll a ball?" Then the children played together in a cooperative ball-rolling game.

ll. Child selected songs, surprise bag.

nn. Children appeared to respect each other's feelings, i.e., lots of "I don't like that," "I'm sorry," or hugging each other, perhaps due to teachers fostering appropriate social skills.

oo. Letting them express themselves.

pp. Liked plastic bag for tissue disposal. Good mix of organized and unstructured outside play. Staff ready to hold kids who needed. Good use of concrete objects and letting kids touch them. Kids didn't have to sit too long. Noncompliant child given choices.

3. What suggestions do you have to improve the program?

d. Define circle space. (This suggestion was provided before tape and carpet squares were added.)

j. More outside supervision. In outside play, there was potential for injury. The little special needs student had his foot lodged under the swing. No staff members were in that area.

u. Things you discussed for next year sound great - Karen more involved in planning.

v. General suggestions: Look long-term. Keep the program in place with much support.

y. Strategies for speech/language pathologist to encourage interaction between ECSE and ECE students - integrated therapy model.

aa. The only suggestion I could make was there should have been more interaction with the special needs children in the 2-year old group. I do understand there were new teachers in this specific group.

cc. Outside, the little boy in the red raincoat [Nico] was almost always just wandering by himself.

ff. I would have liked to have been there at a time to observe a therapy session. I think it's important to have an integrated therapy model, as we discussed. Also, have the special education teacher more involved as a "team" teacher and less as an "assistant" or "shadowing" the special needs children so the children are "ours."

hh. As you already suggested, encouraging higher levels of interactive play among targeted children and providing opportunities for teachers to give cues or suggest play props to enhance specific learning objectives during part of the day (still allowing for some time for total child-directed play without adult intervention. I found it difficult to keep up with rotating staff (although there was a method here).

kk. The fence was broken and the kids were trying to squeeze through the hole.

ll. On playground, one child was being held for a prolonged period of time. Circle could have been more hands-on.

nn. Reminded me of your everyday preschool playground.

pp. Child not involved could be encouraged to play or interact and prompted to participate in circle or have other child initiate things with her. Name labels could be paired with child's picture. Children weren't given clear instructions at end of circle.

Table 5 continued: SIPE Model Classroom Visitors' Evaluations - Urban Full Inclusion Classroom
(Yellow Room)

1. What routines/activities did you observe?

c. Puzzle - journal choice, circle time - choosing for centers

e. Circle.

f. Circle - intro to activity, sang a welcome song; story time - read one chapter; child sent to book corner - not being able to sit - returned to circle when he was ready. Teacher calls children to go to areas - 2-4 people in various areas.

g. Circle - singing a welcoming song; demo of art project: "Does yours need to look like mine?" "No" children respond. "What's the most important thing?" "Name" children respond. Finish placemats. Story - reading part of a book brought in by a student. There were a couple of small pictures children responded to the "funny sounds."

j. Centers.

s. Free choice.

t. Transition from breakfast to free play (journals, puzzles, library). Circle time - explained new pocket chart, sang a song, read a book.

u. Breakfast/choice/getting ready for circle.

x. Hand washing, roll call, breakfast - children were talking and interacting extensively. At this time, no children with disabilities were present. One child came back from speech, but mostly played independently.

y. Story, centers.

aa. Individual play in centers.

cc. Block play, pouring, scooping, etc. water, beans, and rice, stamp painting, painting with water colors, cutting veggies.

dd. Free choice, circle.

ff. Circle, play time, outdoor time, lunch.

jj. Limited free choice, outside play, circle time.

mm. Limited free choice, playtime outside.

oo. Circle time was very interesting. The song was very appropriate. She impressed me about the song of identifying colors.

pp. Circle time, breakfast.

qq. Some choices - journals, legos, puzzles - very child-directed and great language, circle.

rr. Center/play time (all children playing with journals, building toys, puzzles in circle section).

2. What did you see that impressed you favorably?

c. Use of choice.
Children choosing to stop or continue story.
Loose circle decorum.
Bilingualism.
Display strips for each child.

e. Children attending and attend well to story without pictures for 2-3 minutes. Teacher providing simple direction and modeling of activity. Affirming children's remarks. Teacher remained calm when child not attending - simple remark to go to book corner. Teacher accept child doing puzzle at O and another child's interest in helping her and allowing it. Walkman - great idea! Room nicely decorated with children's work.

f. Using Walkman for individual story. Using a divider that differentiated night and day.

g. Library area - books displayed well, easy access, listening center, walkman(!). Materials for art project arranged on table.

j. The students ability to move freely and make choices. The invisibility of special needs kids. They were not discernible from others.

s. Ask children what they need for an activity - labels on door, clock. Give choices. I like the cardboard stencils. Child level table, shelves, pictures.

t. Children's time was occupied, not necessarily structured, but they had something to do even during free play - it wasn't a free-for-all.

u. Room divided into well-defined sections. Children knew what was expected and were able to make own choices. Journals +++. Nice cooperative play - in groups of 3 & 4. Lots of talking between the children. Staff consistent in reacting and facilitating students - use words/what can you do. Staff seemed comfortable and enthusiastic about program.

x. There was an easy, comfortable atmosphere in the class.

y. Use of language other than English in class, support staff bends down to children's eye level to interact, modeled and encouraged verbal interaction. Nice to have copy of lesson plan - noted staff planning time (good). Three art projects going at once.

aa. I was impressed with the classroom activity centers and the age-appropriate activities. Also, I was impressed by the encouragement of social interactions. I liked the way the teachers worked together, the center set-up, and the teacher-child interaction. Also, I liked the way discipline was enforced and how the special needs children were encouraged to try activities.

cc. I loved the variety of activities going on in the yellow room.

dd. Good transitions. I really appreciate the soft-spoken teachers' voices. I like the child-driven environment - they knew the routine! Nice use of concrete signs, lights, time limits to prepare for transitions. Positive praise. Nice job supplying language for child's gestures at shirt on song.

ff. Age-appropriate toys/activities, children's work displayed, warm, responsive interactions with children, all children were accepted, children with special needs did not stand out - they blended well.

jj. Detailed lesson plans posted.

mm. Detailed lesson plans that they followed daily.

oo. Explained home visits to each one of the children (the ones that she had visited). She was very patient with each one. Very well-behaved children. Very impressed with children waiting turns.

pp. Teacher spoke in a calm, positive manner, demonstrated sense of humor, good at redirecting kids to listen instead of talk. Good method of transitioning kids to next area (song). Inviting literacy corner.

qq. Very little adult dependency. Positive interactions with children. Lights off - good freeze (2 times). Warning 5 minutes before clean-up time. Children played together so well in a small space.

rr. Children playing together so well in limited space (area chosen for this center time). Children who made toys had the option to have a "please save" sign placed on their creations. ECE children assisted ECSE child with this task (umprompted). Debbie's explanation of Mother's Day - wonderful! Respected that not all children have their moms at home - talked about

special adult females in their lives! My children would have fit in beautifully in this class (based on what I saw).

3. What suggestions do you have to improve the program?

e. Tissue paper shape activity not as open-ended as could have been by modeling, etc. Ask kids what could they draw on their placemat vs. teacher making suggestions. Stop story without pictures as children get "antsy." Environmental checklist - good - but center space for house seems small.

f. Do the children choose which area they get to go to? Using clear transitional techniques to let children know when it's time to move on.

g. Did children choose the centers they wanted to go to? Why was the water table filled during the center time? Could it have been filled earlier? Perhaps using more songs to encourage transitions.

s. Child (Justin) pointed to choice and teacher spoke for him instead of child expressing self verbally.

u. Things you discussed for next year sound great - Karen more involved in planning.

x. Although the theme, "Who am I as a Member of my Community," appeared to be the theme on the planned chart of activities, the activities planned did not seem to be a direct outgrowth of the theme.

y. Use strategies to encourage interaction with child with identified needs and ECE use of same area (saw this later). Perhaps one of the art tables could have been a group, cooperative type effort, instead of all individual. Increase materials, props in home area. Could have used more props in centers to carry out community member theme.

dd. Increased involvement for quiet child.

ff. I would have liked to have been there at a time to observe a therapy session. I think it's important to have an integrated therapy model, as we discussed. Also, have the special education teacher more involved as a "team" teacher and less as an "assistant" or "shadowing" the special needs children so the children are "ours."

pp. Include visual/movement activities with he listening. Alternate teachers talking and kids chance to share.

4. Additional comments:

a. It is great that there is equipment indoors for rainy days. I think it was a great day. Maybe a 30-minute stay in two classrooms.

b. Great motor room set-up for rainy day play. Visiting your program has made me realize that is definitely the way we need to continue.

c. It's obvious that staff gets down and dirty with the kids. Hooray for everybody! This was great! We may have a degree of collaboration/inclusion when our building is renovated (Fall, '94) and will have adjacent classrooms for Head Start and/or Bright Beginnings classes (B.B, is our district high-risk program). Thank you and Westminster for serving us in this way.

k. Very positive, kind approaches to children. Pleasant atmosphere in rooms created/modeled by adults.

l. It sounds like you have excellent communication between teachers and families.

p. Which ones were handicapped????

s. I like the idea of inclusion, would like to work in such a setting.

t. I definitely want to pursue this idea. Time in the class is important as well as time to ask questions.

v. I enjoyed the great information and hope this program can continue to be successful many years to come.

y. Is there a way for therapists to integrate more? Thank you for the opportunity to observe - it really is nice to see inclusion working so smoothly.

ff. I thoroughly enjoyed my visit. This is a great model and all involved have obviously devoted a great deal of time/energy to assure success.

d. I am interested in carrying (starting) some new programs. Thanks for all your help. We'll be in touch soon.

w. I enjoyed the visit - thanks!

ee. I really enjoyed my visit.

j. This was a wonderful learning experience for me. Thank you for providing this opportunity.

v. I enjoyed the great information and hope this program can continue to be successful many years to come.

cc. Thank you - this was inspiring!

x. I really appreciated the opportunity to interact with all of the staff. The program is very exciting and it was a pleasure to visit.

cc. Thank you - this was inspiring!

dd. Thank you for opportunity to visit your classroom - I enjoyed it!

hh. I was so impressed by the comments and positive attitudes from the director and assistant teacher. I appreciated their candid responses from everyone. Also enjoyed listening to the ECSE teacher comments and appreciate everyone sharing their time with us. Thank you Tracy and Mary for making this opportunity available to us and for openly sharing your own learning experiences with us!

ll. I saw some good ideas to imitate.

nn. I could not figure out which children were developmentally delayed. I liked the schedule, i.e., free choice times. I liked the intervention plan which incorporated behavior management for all children. Teachers were very attentive to physical needs, i.e., wiping noses, etc. I liked having the phone in the room. Very interesting playdough activity. Teacher in yellow tee-shirt handled it very well. I liked the art activities in the hallway. You are very fortunate to have such an open-minded preschool director.

nn. I requested not to have children with developmental delays pointed out to me.

oo. A loving environment of children. Reminding the children of their manners.

pp. It appeared that all the high verbal children were seated at same tables and low verbal at same table. Is it a possibility to mix them up?

qq. I was concerned that the child with special needs did little interacting with the other children and did not participate as actively during circle.

Table 6: Summary of Evaluation Comments from Model Classroom Staff Served by SIPE Project Staff

	Extremely satisfied	Satisfied	Somewhat satisfied	Somewhat dissatisfied	Not at all satisfied
1. Are you satisfied with the quality of services provided by the SIPE staff (e.g., Mary and Tracy)?	66%	22%	11%		
2. Are you satisfied with the quantity of services provided by the SIPE staff (e.g., Mary and Tracy)?	66%	22%	11%		
3. Are you satisfied with the information received from the SIPE staff (e.g., Mary and Tracy)?	66%	22%	11%		
4. Are you satisfied with the communication between you and the SIPE staff (e.g., Mary and Tracy)?	66%	11%	22%		
5. Are you satisfied with integrating children with disabilities into your classroom?	67%	33%			
6. Are you willing to continue to integrate children with disabilities into your classroom?	40%	20%	20%	20%	

Comments:

The SIPE staff (Mary and Tracy) were extremely helpful! Their commitment and quality was fantastic. However, the most satisfying aspect of their work with us was the professional, honest, and caring way they interacted consistently with children and staff.

Mary and Tracy's workshops were extremely informative!

Possibly "require" both directors to be in first several weeks of team meetings as observers/facilitators to help with these suggestions being heard and implemented, without disruption to classroom stability.

Table 6 continued: Summary of Evaluation Comments from Model Classroom Staff Served by SIPE Project Staff

Would like to be better informed this year about what disabilities the children have.

We are willing to integrate children with disabilities into the classroom as long as we feel there will be help (resource persons) available to help out in various situations in the classroom as well as outside.

Overall I am very satisfied with the inclusion program in my classroom. The only negative aspect was that we accepted too many children with disabilities into my classroom, which already had children with very challenging behaviors. I feel that I could have offered better quality education to all the children had we only integrated two children with disabilities, as opposed to three.

Both Tracy and Mary went out their way to provide suggestions, hands-on assistance, and feedback in my classroom at Westminster. Not only did they work with the children with disabilities, but also with other challenging behaviors of the children without disabilities. Outside of the classroom, they provided informative workshops for teachers and parents. Also, Tracy helped my assistant and me plan activities and set up centers for a more whole language classroom. Tracy and Mary were excellent resources.

Table 7: Inservice Training Evaluation Results from Model Classroom Staff

Inservice Topics:

A. Planning for Inclusion: Part One: Making the Commitment to Inclusion

This workshop provided information about what inclusion is and is not, the rationale and benefits of inclusion, the beliefs and changes required to develop inclusive placements and tips for answering children's questions about disabilities.

1. How useful was this workshop (circle the appropriate number).

Not useful at all	Somewhat useful	Useful	Very Useful	Average Rating =
1	2	3	4	3.8

2. What did you like best about this workshop?

When training was followed up with real specific situations in the classroom.

You ask what the personal gain of the staff would be if inclusion took place. This strategy invested the adults to the program. You also covered what inclusion is NOT and dispelled myths. When brainstorming children's questions, adults were surprised to find that there were really fewer differences in children with disabilities than they thought.

Getting the teachers to say their worries aloud and being able to answer to their specific fears.

The information was helpful and made me more comfortable as I had not worked with anyone with disabilities.

The over-all inservice was a nice thought and some of the inservice training papers helped for reviewing purposes.

I was interested to hear the benefits of inclusion. Also, it's good to know how to answer children's questions.

3. How could this workshop be improved?

As always, so much information - most all the two-hour workshops could have encompassed a whole day.

Have others come in from other inclusion programs (teachers, administrators) to discuss various techniques to use in the classroom.
More time!

B. Planning for Inclusion: Part Two: Preparing for the Shift in Service Delivery

This workshop shared information about best practices to use in an inclusive preschool and the roles and tasks of an Interagency Planning Committee (e.g., organizing the development of a vision statement, developing policies to support inclusion). Participants developed a preliminary vision for inclusion as part of this workshop.

4. How useful was this workshop (circle the appropriate number).

Not useful at all	Somewhat Useful	Useful	Very Useful	Average Rating =
1	2	3	4	3.04

5. What did you like best about this workshop?

Making us really think about our goals and the "big" picture was helpful. Hearing what others hoped to get out of the program was interesting.

Everybody becomes a contributor to policy out of the Interagency Planning Committee, not just a select few, even though the few representatives were to continue to meet.

Was this the first visioning workshop? The go-around was best.

Everyone was able to voice their opinions.

It pertained to all the children, not just to the children with special needs.

6. How could this workshop be improved?

I did not realize at the time that the perspective of this workshop was the "Big Picture" of the entire program. The Interagency Planning Committee never really did get off the ground, to my knowledge.

Perhaps an example which is pertinent (like the role of RSP in the classroom) carried all the way through, then teachers could grasp what the visioning exercise is all about OR work backward from appropriate and inappropriate practice examples to what the principle is - concrete to abstract.

Sticking more to subjects so that everything on workshop agenda gets discussed.

C. Arranging the Classroom Environment

This workshop shared helpful hints for arranging the classroom into activity centers (e.g., how to set up centers, materials to

include in each center, how to label and store materials, and how to adapt the environment so children with disabilities can actively participate. Suggestions for developing a classroom schedule and making each routine (e.g., circle, transitions, free choice) successful were also provided as well as information about possible staff roles for the early childhood and early childhood special education staff in an inclusive preschool.

7. How useful was this workshop (circle the appropriate number).

Not useful at all	Somewhat useful	Useful	Very Useful	Average rating = 3.3
1	2	3	4	

8. What did you like best about this workshop?

I feel our staff is already knowledgeable on this subject.

This session was very practical.

Helped teachers notice the importance of room arrangement for the program, as well as for the center.

Classroom scheduling information.

9. How could this workshop be improved?

Show Diane Trister Dodge's video on room arrangement. Hand out several model schedules for teachers to compare. Hand out a "bad" schedule for analysis.

Longer!

D. Using a Theme-Based Approach to Planning

This workshop provided information about how to develop a theme-based lesson plan (e.g., selecting a relevant theme, determining the theme goal, selecting appropriate concepts to teach within the theme, and incorporating theme-based activities into all daily routines).

10. How useful was this workshop (circle the appropriate number).

Not useful at all	Somewhat useful	Useful	Very Useful	
1	2	3	4	Average Rating = 3.4

11. What did you like best about this workshop?

This workshop was useful in as much as teachers during the first part of the year were doing the same units.

This is another area our staff is familiar with. It was helpful to hear it again and reinforce what teachers are doing already.

This workshop was very helpful in showing how to set up your centers around your theme.

Planning has become easier.

12. How could this workshop be improved?

Give out a format as to how various lesson plans can look for a particular class.

Including how to design a theme-based classroom.

More work on stating concepts and vocabulary objectives.

More examples of incorporating theme-based activities into daily routine.

E. Fostering Social Relationships

This workshop shared curricular and instructional strategies to promote interaction between children with and without disabilities. Information was provided about environmental arrangements and materials which can be used to promote social interaction, curricular activities to promote friendships (e.g., cooperative games and songs), encouraging children without disabilities to include children with disabilities in their play, and teaching the children with disabilities to initiate and maintain interactions with peers.

13. How useful was this workshop (circle the appropriate number).

Not useful at all	Somewhat useful	Useful	Very Useful	Average rating = 3.6
1	2	3	4	

14. What did you like best about this workshop?

This is a primary objective of integration. We used this information all year. Major focus.

Role-playing.

This workshop helps me to be able to be comfortable and try games or songs to include children with disabilities.

We saw how we could help the children help other.

15. How could this workshop be improved?

Use a technique to get everyone into a role-playing exercise.

A resource list of books and other materials to back up ideas from workshop.

F. Fostering Self-Control: Non aversive Behavior Management and Positive Discipline

This workshop provided a method teachers could use to define problem behaviors, identify the perceived function of the misbehaviors, develop a plan to prevent the misbehaviors, teach the child acceptable alternatives to the misbehaviors, and change the way staff reacts to the misbehavior.

16. How useful was this workshop (circle the appropriate number).

Not useful at all	Somewhat useful	Useful	Very Useful	Average rating =
1	2	3	4	3.6

17. What did you like best about this workshop?

This particular workshop was pretty vague to me until it was better discussed in team meetings. Was also modeled in the classroom.

I like to be able to empower the child by offering choices. I liked the explanation of difference between punishment and discipline. I like to challenge myself to catch children being appropriate and letting them know.

The content.

It was very useful in helping to define problems and how to prevent the behaviors. The classroom was better because of this workshop.

Positive Discipline works! Consistency and developing a plan were highly stressed.

18. How could this workshop be improved?

By showing a video on Positive Discipline and techniques to use with this method.

Too little time/too much material. Divide it into: 1) theory, 2) how to have a conference with parents over behavior problems (skit), and 3) enacting the strategies.

More time!

G. Individualizing Group Instruction

This workshop provided information on individualizing group instruction for children in the classroom. If focused on sharing a process to select objectives to teach the children with disabilities during natural preschool routines, selecting the most appropriate teaching strategy (e.g., teacher-directed, teacher-guided, child-responsive), and teaching and rewarding progress on these objectives.

19. How useful was this workshop (circle the appropriate number).

Not useful at all	Somewhat useful	Useful	Very Useful	Average rating = 2.7
1	2	3	4	

20. What did you like best about this workshop?

The workshop was helpful.

Allowed teachers to examine how many activities are teacher-directed.

21. How could this workshop be improved?

Could be more individualized, more time spent with kids in the class rather than in workshop.

Follow-up - I'm not sure that the teachers "got" these new ideas well enough in our presentation to really use them in their classrooms. Can you develop an observation tool for supervisors which follows up and gives feedback?

More sharing with objectives by teachers.

****

What topics were not included in the inservice training this year which you feel are important to address to assist you in providing a quality inclusive program for all children?

Whole language/children's literature
Parent conferences
Techniques of assessment
Program evaluation
Anti-bias curriculum
Children's cognitive development
DAP science, math, music, art
DAP field trips
Playground activities and arrangement
Establishing roles with co-teacher

Active listening/communication skills
Conflict resolution
More information on children's conditions and limitations
How to answer children's questions - how much information to provide them
Ways of getting parents involved in classroom activities

Additional comments:

I enjoyed taking part at all workshops. I think it was great to get some new pedagogical information for the classroom (inclusive classroom). What I would really like is to be observed as a teacher and get feedback on teaching methods. For me, it's really nice to see people get really attached to us.

Thank you Mary and Tracy for your guidance, the success of this program was yours. You brought information, expertise, and an organized approach that made this year work.

Where Further Information Can Be Found and Assurance Statement

Both products developed by the project are currently available for distribution through the University of Virginia Instructions for requesting a copy of the Individualized Routine based Assessment Process (IRAP) for Preschoolers with Developmental Disabilities and Inclusive Preschool Partnerships: A Guide for Making Them Work may be obtained by contacting:

Donna Fisher
Department of Curriculum, Instruction, and Special Education
Curry School of Education
University of Virginia
Emmet Street
Charlottesville, VA 22903

These products are also currently being review by Commication Skillbuilders Publishing Company for consideration of publicaton. In addition, manuscripts are being prepared to be submitted for publication in professional journals.

This final report is being sent to Educational Resources Information Center (ERIC) and copies of the title page and abstract of this report have been sent to:

HEATH Resource Center
Dupont Circle, Suite 800
Washington, D.C. 20036-1193

National Clearinghouse for Professions
in Special Education
CEC
Association Drive
Reston, VA 22314

Michie
Academy for Educational Development
23rd St. N.W.
Washington, D.C.

National Diffusion Network
New Jersey Ave. N.W.
Washington, D.C. 20208-5645

ERIC/OCEP Special Project
CEC
Association Drive
Reston, VA 22091

CASSP
Technical Assist Center
Georgetown University
2233 Wisconsin Ave. N.W.
Suite 215
Washington, D.C. 20007

NE Regional Resource Center
Trinity College
Colchester Ave.
Burlington, VT 05401

Midsouth Regional Resource Center
University of Kentucky
Mineral Industries Bldg.
Lexington, Kentucky 40506-0051

Southatlantic Regional Resource Center
Florida Atlantic University
1236 N. University Drive
Plantation, FL 33322

Great Lakes Regional Resource Center
Ohio State University
700 Ackerman Road
Suite 440
Columbus, Ohio 43202

Mountain Plains Regional Resource Center
1780 N. Research Parkway
Suite 112
Logan, Utah 84321

Western Regional Resource Center
College of Education
University of Oregon
Eugene, OR 97403

Federal Regional Resource Center
Academy of Education Development
1255 23rd Street N.W.
Washington, D.C. 20037

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APPENDIX: Descriptions and Rationales for SIPE Model Components/Validity Data

Description of Level 1 Inservice Training: Planning for Inclusive Preschool Programming. This is a two-part inservice training effort designed to motivate and prepare administrators, ECE and ECSE direct service staff, and parents to develop inclusive placements for children with severe disabilities in community preschools. Representatives (e.g., teams consisting of a special education administrator, ECSE teacher, and parent of a child with severe disabilities) from LEAs in the TAC 2 region will be requested by the DOE to attend a full-day training session which the DOE will co-sponsor with FIPP in October. If districts have identified potential ECE programs to serve as inclusive placement sites, they will be asked to bring representatives from these programs to the training session. Part 1, **Making the Commitment to Inclusion**, is designed to generate positive attitudes and enthusiasm toward inclusive programming, identify the administrative, philosophical, and attitudinal challenges of such a service delivery system, and delineate the professional role re-definitions required. This training session includes validated activities focusing on why change is necessary, what beliefs are needed to make the change to inclusion, what inclusion is and is not, the rationales and benefits of inclusion, and what best practices are needed in a quality inclusive preschool. Participants are prepared to return to their districts and conduct these same activities over a five-month period (October, November, December, January, and February) with key stakeholder groups (preferably in the same role, for example, the parent leads a parent group, ECSE teacher leads an ECSE teacher's group) to generate widespread support for inclusion. The materials used in this module include: 1) a videotape of parents and professionals discussing the benefits of full inclusion for children with severe disabilities (SHIPP, 1990), 2) a module on the change process validated by the Outcomes-Driven Development Model (ODDM) (Alessi, 1991) and replicated by the SIPE Model (Aveno, Landon, & Voorhees, 1993), and 3) a replication of an inservice training module, validated by the SIPE Model (Aveno, Landon, & Voorhees, 1993), that assists teams in identifying what inclusion is and is not and what the rationale and benefits are for inclusive preschool programming.

During the latter part of the day, participants receive Part 2, **Preparing for the Shift in Service Delivery** training. The primary purpose of Part 2 training is to ensure that a socio-political support base is established for preschool inclusion in each participating district. This module is based on two validated models, the Ecological Process Model (Peck et al., 1989) and ODDM (Alessi, 1991). First, participants learn how to identify potential inclusion placement sites in their locales. Once a potential site(s) is selected, they learn how the collaborating LEA/ECE program can form an interagency planning committee which includes at a minimum a special education administrator, ECE administrator, principal, ECSE teacher, ECE teacher, a speech, physical, or occupational therapist, and a parent of a child with severe disabilities enrolled in the community program. If possible, the superintendent, a school board member, and preschool board member also serve on this planning committee. Next, through the use of participatory activities, they learn how the committee can collect information from key participants about their perceptions, concerns, and perceived supports and barriers regarding inclusion and how to use a collaborative decision-making process with families, administrators, and staff to develop a mission statement, policies, and action plan to begin preparing for a shift from segregated to inclusive programs. The policies and action plan are designed to address issues regarding service delivery system changes to inservice training needs which are needed to ensure the use of best practices in the inclusive preschool for example, new roles for ECE and ECSE staff. Participants are also prepared to conduct activities with the ECE and ECSE programs in their districts to learn about each other's programs. Additionally, this training session includes a question and answer period with a panel of ECE and ECSE administrators, staff, and parents from the Westminster Child Care model site, who have begun inclusive programming. An administrator's handbook outlining the difficulties experienced and creative solutions developed by school districts and community programs regarding the implementation of integrated preschool programming is shared with participants (SIPE, 1992).

Validity Data/Rationale for Level 1 Inservice Training. *Many pedagogically sound programs that were mandated by administrators have not sustained because a socio-political support base for inclusive programming was not established (Guralnick, 1986; Peck, 1993). To make the commitment to begin inclusive programming, preparation must initially be directed at a few key*

individuals whose positive attitudes then exemplify that inclusion is beneficial to everyone (Fullwood, 1990). For integration to sustain, a systematic plan must be developed by all stakeholders and implemented over a reasonable period of time (Biklen et al., 1987; Dellinger & Siler, 1986; Peck, 1993). This plan must include newly defined roles for both staff and leadership if quality inclusive educational services are going to be provided to all children (Mahoney, Robinson, & Powell, 1992). The Ecological Process Model (Peck et al., 1989), which was first validated by Peck et al., (1989) and replicated by the SIPE Model, and steps from the validated ODDM (Alessi, 1991) will be used by PIPP to provide a way to address these critical preparation and planning issues.

Level 2 Inservice Training: Using Best Practices. *Level 2 Inservice Training prepares all staff to use complementary validated best practices for all children. These best practices include: 1) Preparing the Classroom Environment, 2) Using a Theme-Based Approach to Planning, 3) Using the Individualized Routine-Based Assessment Process, 4) Using a Collaborative Team Approach, 5) Fostering Social Relationships Between Children with and without Disabilities, 6) Fostering Self-Control: Using Nonaversive Behavior Management and Positive Discipline Techniques, and 7) Using the Individualized Routine-based Instructional Process within a Developmentally-Appropriate Preschool Curriculum.*

1. Description of Preparing the Classroom Environment

Preparing the environment means setting up the preschool classroom to include best ECE practices and making adaptations as needed to meet the needs of all children. For example, the room is organized into activity centers and a variety of developmentally-appropriate as well as age-appropriate materials are made accessible to all children. It also involves developing a daily classroom schedule and determining staff assignments and responsibilities for the early childhood education staff and the early childhood special education staff (e.g., teachers, therapists).

Validity Data/Rationale for Preparing the Classroom Environment. *Preparing a developmentally-appropriate classroom environment and daily schedule, a NAEYC endorsed best practice, was tested by Project APIP (Abraham, Morris, & Wald, 1992) and replicated by SIPE (Aveno, Landon, & Voorhees, 1993) in inclusive preschool classrooms. The environment is planned with active, interactive learners in mind. Materials, equipment, and the classroom arrangement afford opportunities for exploration, discovery, choice, and active manipulation. The environment is arranged to encourage interaction among members of the class.*

The environmental design facilitates the children's ability to initiate and direct their play. The environmental arrangement provides opportunities for children to independently select, use, and care for the materials. An environment that supports self-initiated exploration helps children see themselves as able, effective learners.

The daily schedule is prepared to include a balance of quiet and active large and small group routines. Staff roles are assigned to maximize interaction between children with and without disabilities (Krantz & Risley, 1977; LeLaurin & Risley, 1972).

2. Description of Using a Theme-Based Approach to Planning

Theme-based planning, an ECE best practice, refers to a focused content of instruction of relevance and high interest to children. A theme-based plan is used to teach a series of concepts and provide a variety of experiences that all relate to one topic. There is total immersion on a topic for one week or more which is reflected in the daily routines and the materials available in the classroom.

SIPE has developed a planning process which enables the ECE teacher to select relevant themes, determine the theme goal, select appropriate concepts to teach within the theme, and develop weekly lesson plans that ensure that the theme is incorporated meaningfully into all daily routines and activities. Theme-based curricula provide a developmentally-appropriate instructional context in which to teach individualized education objectives.

Validity Data/Rationale for Using a Theme-based Approach to Planning. *Inclusive preschool programs require a merging of quality curricular practices in both early childhood education and early childhood special education. This merger demands that educators think across basic philosophical and pedagogical frameworks. Theme-based planning, a NAEYC endorsed best practice (Bredenkamp, 1992) is based on a whole child orientation and child-directed models of instruction (Bredenkamp, 1987). In contrast, early childhood special education tends to use a more didactic, structured, and directed teaching approach for educating children with special needs (Odom & McEvoy, 1990).*

Bailey and McWilliam (1990), in discussing the normalizing of early intervention, challenge special educators to create a system of early intervention that promotes both normalization and effective service delivery. Theme-based planning is designed to meet that challenge. It proposes a context for providing a normalized early childhood curriculum for children with and without disabilities. A theme-based approach to planning was tested for use in an inclusive preschool program by the Alexandria Preschool Intervention Program (APIP), a federally-funded integrated preschool demonstration project. SIPE used this approach and found it was easier to embed individualized education objectives.

3) Description of Using the Individualized Routine-Based Assessment Process. The Individualized Routine-based Assessment Process (IRAP) is both a process and a set of materials which is used to develop precise and meaningful IEPs for preschool students with mild to severe disabilities. The focus of IRAP, a validated process which has been tested and refined over a five year time period in integrated and non integrated preschool classrooms, is to identify educational objectives that will increase the child's participation at home, school, and in the community. An IEP developed using IRAP contains individualized objectives which are based on family priorities, are functionally oriented and developmentally sequenced to represent smaller increments than are typically found in other curricular materials, and are computerized and directly printed on each child's IEP form. This process requires the team to conduct routine-based assessments over a 30 day period during natural routines in the preschool classroom and at home, if the family so chooses, before the child's IEP becomes finalized.

Accredited ECE programs do not typically conduct formal assessments of the normally developing children in the classroom. Rather, teachers are trained to informally observe children and provide appropriate educational experiences based on children's interests and ability levels. IRAP complements ECE practices by providing a way to conduct systematic but non-intrusive functional assessments of children with disabilities within the contexts of natural routines.

Validity/Data/Rationale for Using the Individualized Routine-based Assessment Process. Preschool children with severe disabilities require a sensitive curriculum assessment procedure which is specifically designed for their unique combination of characteristics (i.e., age, learning styles and learning constraints, motor limitations, family participation, etc.) and maximizes their participation in every routine in their integrated preschool classroom. The complex instructional needs of these children require that individualized curriculum development be based on: (1) opportunities for families to identify instructional priorities (Barber, Turnbull, Behr, & Kerns, 1988), (2) the identification of functional, chronologically age-appropriate instructional needs that consider and accommodate transitions (Falvey, 1986; Orelove & Sobsey, 1987), (3) ways to make developmental assessment data useful (Haring & Bricker, 1976). IRAP meets these needs by a) using parent input in the identification and prioritization of appropriate instructional objectives, b) targeting instructional objectives in natural school and home routines, and c) incorporating developmental assessment data in the identification of relevant, exclusively functional objectives. The Individualized Child and Family Education Service (ICFES) Model, developed and tested the IRAP over a three-year period.

IEP evaluations were conducted for each student with whom the IRAP was used that did not move during the school year. Each IEP generated using IRAP was reviewed using an IEP Review instrument. IEP objectives were rated on functionality, age-appropriateness, instruction of objectives in natural context, instruction of objectives across activities, future relevance, whether performance of each IEP objective would promote (non-instructional) interactions with nondisabled peers, relatives, community members, or school personnel and whether future placement planning

(i.e., transition to an LRE setting) was an integral part of IEP development. IEP reviews also evaluated the degree of input from family members, regular class teachers, and related service professionals, whether objectives involved integrated or isolated therapy, and how objective prioritization was accomplished.

Reviews were completed by rating each objective included in the student's IEP as well as by reviewing cumulative folders and interviewing classroom teachers, regarding pre-existing procedures for developing IEPs (e.g., was a regular educator questioned regarding future skills, etc.).

A percentage of total objectives was obtained for four desirable dimensions: functionality, age-appropriateness, instruction in natural context, and instruction on objectives across activities. Additionally, objectives were rated on whether instruction on objectives would promote interaction, on the level of family involvement, inclusion in a less restrictive next class placement (i.e., longitudinal objectives), whether integrated therapy was provided by related service providers, and the inclusion of an objective prioritization process. Operational definitions for each of these dimensions are included on the IEP Review instrument.

IEP review results are presented in Table 1. This table indicates each IEP was appropriate across all dimensions.

Table 1: Year 2 Validity Data for Using the Individualized Routine-Based Assessment Process (IRAP): Summary of IEP Reviews Following Use of IRAP, Part I

ID	Functional	Instruction is Age Appropriate	Taught Across Natural Contexts	Activities
01	100%	100%	100%	100%
02	100%	100%	100%	100%
03	100%	100%	100%	100%
04	94%	100%	100%	100%
05	100%	100%	100%	100%
06	100%	100%	100%	100%
07	100%	100%	100%	100%
08	100%	100%	100%	100%
09	100%	100%	100%	100%
10	100%	100%	100%	100%

• percentage of total objectives

Table 1: Year 2 Validity Data for Using the Individualized Routine-Based Assessment Process (IRAP): Summary of IEP Reviews Following Use of IRAP, Part II

Coding Categories

Interaction Code Key:

SA = same-aged disabled
ON = older nondisabled
YN = younger nondisabled
R = relatives
C = community members
SP = school personnel
N = no interaction objectives
Y = interaction objectives
S = several objectives identified by family
M = many objectives identified by family

Family-Identified Needs Key Code:

N = no objectives identified by family
F = few objectives (1-3) identified by family
M = many (4 +) objectives identified by family

Next Class Placement Key:

N = no next class placement objectives identified
Y = next class placement objectives identified

Related Service Provider Code Key:

IN = integrated therapy
IS = isolate
OT = Occupational Therapist
PT = Physical Therapist
S = Speech Therapist
APE = Adaptive Physical Education Teacher
N = no objectives addressed in integrated therapy
N/A = not applicable

Prioritization Process Key:

N = no prioritization done to select objectives
Y = yes prioritization was done to select objectives

ID	Interaction	Family Identified Needs	Next Class Placement	Related Service Providers	Prioritization Process Included
01	Y	M	Y	PT/IN OT/IN S/IN HI/IN	Y
02	Y	M	Y	N/A	Y
03	Y	M	Y	S/IN	Y
04	Y	M	Y	S/IN	Y
05	Y	M	Y	S/IN	Y

Table 1: Year 2 Summary of IEP Reviews, Part II (continued)

ID	Interaction	Family Identified Needs	Next Class Placement	Related Service Providers	Prioritization Process Included
06	N*	M	Y	PT/IN OT/IN S/IN PT/IN	Y
07	Y	M	Y	OT/IN S/IN	Y
08	Y	M	Y	S/IN	Y
09	Y	M	Y	S/IN	Y
10	Y	M	Y	S/IN	Y

* Due to family concerns about positioning, adaptive equipment, and determining an access mode and communication system, the team these objectives in lieu of interaction objectives.

4. Description of Using Collaborative Teaming

SIPE uses a collaborative team process developed by the Vermont Statewide Systems Change Project (Fox & Williams, 1991) in two types of meetings: the Interagency Planning Committee meets regularly to develop collaborative policies to support the development and successful continuation of the inclusive preschool; the Classroom Team meets weekly to plan and review direct service designed to support the inclusion of individual children in the program. The collaborative team process, consisting of a problem-solving and consensus decision-making process, is used in regularly scheduled meetings to maximize team efficiency (e.g., roles are assigned to team members, an agenda is used which lists topics to discuss, sets time limits for each topic, and assigns tasks to team members and timelines for their accomplishment).

Validity Data/Rationale for Using Collaborative Teaming. *The component on Collaborative Teaming uses a process which was developed and validated by the Vermont Statewide Systems Change Project (Fox & Williams, 1991). SIPE (Aveno, Landon, & Voorhees, 1993) developed a module, replicated this process, and found it to be essential to the success of the inclusive programs.*

5) Fostering Social Relationships

Social relationships between children with severe disabilities and normally developing peers are facilitated by the curriculum and instructional techniques employed rather than being attributable to the integrated placement itself (Odom & McEvoy, 1988). Participants will learn how friendships benefit all children, why they must be facilitated, and be given four techniques to do so. First, staff will be taught to structure the environment to: promote physical inclusion of children with disabilities (Campbell, 1992); arrange the environment to promote interaction ( ); use materials and groupings that promote social interaction (McConnell, Odom, & McEvoy, 1992). Second, validated curricular activities and materials which promote affection (Odom et al., 1990; McEvoy et al., 1988) and cooperation (Slavin, 1980), a structuring strategy (Shores, Hester, & Strain, 1976), and a story reenactment strategy (Goldstein & Gallagher, 1992) to promote interaction will be introduced for use during weekly themes. Third, staff will be taught ways to encourage classmates to interact (Strain & Odom, 1984; Odom, Hoyson, Jamieson, & Strain, 1985). Fourth, child-specific ways to foster social relationships (e.g., Goldstein & Ferrell, 1987; Goldstein & Wickstrom, 1986; McEvoy & Odom, 1987; Rainforth, York, & McDonald, 1992) will be introduced for use within the natural school routines.

Validity Data/Rationale for Fostering Social Relationships. *Mainstreaming alone has not resulted in friendships between children with and without severe disabilities (Odom & McEvoy, 1988). Although children with severe disabilities display higher rates of interaction, more complex levels of play and decreases in inappropriate behavior when integrated, they are still less socially accepted than children with milder delays (Devoney et al., 1974; Dunlop et al., 1980, Guralnick, 1981). This is alarming considering that families of children with severe disabilities view friendship development as extremely important (Hamre-Nietupski & Nietupski, 1992). Several peer, teacher, and ecological variables have been found to increase the rate and quality of heterogeneous interaction: children with severe disabilities make more diverse initiations and responses when they engage in peer-mediated interventions with socially skilled preschoolers (McConnell, Odom, & McEvoy, 1992); social relationships are promoted when teachers structure curricular activities to encourage interaction (Devoney, Guralnick, & Rubin, 1974; Shores, Hester, & Strain, 1976); and the manipulation of seating arrangements (Krantz & Risley, 1977), staffing patterns (LeLaurin & Risley, 1972), and play materials (Tremblay, Strain, Hendrickson & Shores, 1981; Johnson & Ershler, 1985; Kinsman & Berk, 1979, 1980) have resulted in improved social relationships. These subtle teacher interventions lend themselves to inclusion in a developmentally appropriate curriculum because they minimize teacher interruption of child-to-child exchanges.*

The SIPE model validity data attesting to the effectiveness of this module can be seen in Table 2.

Table 2: Validity Data: Interaction level prior to and following use of Fostering Social Relationships.

Year 3:

Quality of Behavior	Child 1* PRE	Child 1* POST	Child 2 PRE	Child 2 POST	Child 3 PRE	Child 3 POST	Child 4 PRE	Child 4 POST
Solitary	0	0	48.1	14.8	66.6	33.3	37	0
Parallel	74	44.4	37	55.5	29.6	48.1	48.1	66.6
Associative	25.9	55.5	14.8	29.6	3.7	18.5	14.8	33.3

* NOTE: Year 3 of SIPE. Child 1, 2, 3, and 4 in full inclusion preschool classrooms. Child 1 and 2 have severe disabilities; child 3 has moderate disabilities; child 4 has mild disabilities. Child 1, 2, and 3 in a class of 20 (4 children with identified needs; 16 children without identified needs); child 4 in a class of 20 (1 child with identified needs; 19 children without identified needs).

6) Fostering Self Control: Using Non-aversive Behavior Management and Positive Discipline Techniques. Two best practices, nonaversive behavior management and positive guidance, are synthesized in a behavioral assessment and intervention approach. This approach includes preparing ECE and ECSE teachers to conduct functional behavioral assessments (O'Neill, Horner, Albin, Storey, & Sprague, 1990) and develop and implement behavioral plans for children using proactive and reactive nonaversive and positive discipline strategies (Bredenkamp, 1991; LaVigna, Willis, & Patterson, 1991; Luiselli, 1991). Sample strategies include environmental manipulations (e.g., distraction, choice-making), positive programming (e.g., escape communication training), direct intervention (e.g., differential reinforcement), and reactive approaches (e.g., active listening, redirection). Inservice training focuses on the similarities in philosophical and conceptual underpinnings between these two validated approaches to discipline. Classroom staff and families are trained to define problem behaviors in observable terms, identify the perceived functions of the misbehavior and the environmental events that may play a role in their maintenance and develop nonaversive plans to address those defined behaviors. On-site coaching (Joyce & Showers, 1980, 1982) and guided practice (Russell & Hunter, 1981) teach basic principles of applied behavior analysis (Baer, Wolf, & Risley, 1968), introduce proactive and reactive nonaversive (Luiselli, 1991) and positive discipline techniques (Bredekamp, 1991), and develop nonaversive behavioral plans.

Validity/Data/Rationale for Fostering Self-Control: Using Non-Aversive Behavior Management and Positive Discipline Techniques. Although TASH recommends the use of nonaversive techniques and NAEYC promotes the use of positive discipline techniques to address problematic behaviors, many teachers still lack training in these techniques or fail to use them (Mahoney, O'Sullivan, & Fors, 1989). Although young children comply to avoid these adult imposed aversive penalties they do not acquire appropriate internal control or alternative or competing behavior (Anderson, Bishop, Schiappacasse, & Delrymple, 1991).

Current ECSE behavioral intervention approaches have expanded from simply decreasing inappropriate behavior to include multi-element interventions with an emphasis on functional assessments, environmental manipulations, and instruction in alternative behaviors (Anderson et al., 1991; Dunlop, Foster-Johnson, & Ferro, 1991; Horner, 1991). Although some experts see positive guidance as different from this new ECSE approach (Mahoney et al., 1992), analysis of their philosophical and conceptual positions reveal far more similarity than difference (Miller, 1992). Underlying goals of both systems are to teach children self-control using positive proactive and reactive strategies. Differences in the approaches are essentially related to the techniques used to control children. Well-trained ECSE practitioners use principles of operant theory: they conduct assessments, develop proactive and reactive behavioral plans and collect systematic data (Strain, 1992). Well-trained ECE practitioners use proactive and reactive strategies to minimize potential conflicts between children and encourage them to solve their own problems while keeping anecdotal

records on child progress. The SIPE Model has successfully combined nonaversive and positive guidance techniques to plan for and implement behavioral plans as can be evidenced in the validity data in Table 3.

Table 3: Validity Data: Quality of behavior prior to and following use of Fostering Self-Control: Nonaversive Behavior Management and Positive Guidance.

Year 2:

Quality of Behavior	Child 1* PRE	Child 1* POST	Child 2 PRE	Child 2 POST	Child 3 PRE	Child 3 POST	Child 4** PRE	Child 4** POST	Child 5 PRE	Child 5 POST	Child 6 PRE	Child 6 POST
Positive	100	100	67.2	96.2	66.6	98.6	95.2	100	73	89.6	80.9	92
Negative	0	0	32.7	3.7	33.3	1.3	4.7	0	26.9	10.3	19	7.9

Year 3:

Quality of Behavior	Child 7*** PRE	Child 7*** POST	Child 8 PRE	Child 8 POST	Child 9 PRE	Child 9 POST	Child 10 PRE	Child 10 POST
Positive	100	100	88.8	88.8	74	96.2	74	100
Negative	0	0	11.1	11.1	25.9	3.7	25.9	0

* NOTE: Child 1, 2, and 3 in a full inclusion preschool setting of eight children with identified needs and twelve children without disabilities; child 1 has severe disabilities; child 2 has moderate disabilities; child 3 has mild disabilities.

** NOTE: Child 4, 5, and 6 in a reverse mainstream preschool setting of six children with identified needs and two children without disabilities; child 4 has severe disabilities; child 5 has moderate disabilities; child 6 has mild disabilities.

*** NOTE: Year 3 of SIPE. Child 7, 8, 9, and 10 in full inclusion preschool classrooms. Child 7 and 8 have severe disabilities; child 9 has moderate disabilities; child 10 has mild disabilities. Child 7, 8, and 9 in a class of 20 (4 children with identified needs; 16 children without identified needs); child 10 in a class of 20 (1 child with identified needs; 19 children without identified needs.

7) Using the Individualized Routine-Based Instructional Process within Developmentally Appropriate Preschool Curriculum. The Individualized Routine-based Instructional Process is an activity-based method of instruction which synthesizes two existing validated approaches: routine-based instruction (Frans, 1987) and group-individualized instruction (Hoyson, Jamieson, & Strain, 1984). This approach, which has been tested and refined by the Systematic Inclusive Preschool Education (SIPE) Model (See Aveno, in preparation) accommodates the instructional needs of a heterogeneous group of learners in each routine by teaching individual objectives within naturally occurring school routines. Objectives are embedded in the activities, thus, relatively consistent naturally occurring cues and consequences evoke performance and serve to increase the likelihood of skill generalization and maintenance (Carreiro & Townsend, 1987). This activity-based approach combines ECE and ECSE best practices by providing a method for targeting objectives and using systematic data-based instruction within a developmentally appropriate curriculum (Bricker & Cripes, 1992). The curriculum is based on the interests of children and uses a theme-based approach with a focus on play.

Validity/Data/Rationale for Using the Individualized Routine-based Instructional Process within a Developmentally Appropriate Preschool Curriculum. *Because little information is available addressing how to teach children with severe disabilities and normally developing children together, some educators feel apprehensive about doing so (e.g., Stoneman, Cantrell, & Hoover-Dempsey, 1983; Carta, Sainato, & Greenwood, 1988). A routine-based approach to instruction accommodates the teaching of a range of objectives for a number of learners in each daily routine. Teaching in daily routines is particularly effective for children with severe disabilities because the cues to initiate behavior are embedded in the activities which make up each routine (Carreiro & Townsend, 1987), minimizing contrived and unnatural teacher cues and assisting in the promotion of skill generalization.*

Although one-to-one instructional procedures have been typically used in special education classrooms, there is no consistent evidence to support their superiority over group instructional formats (Biberdorf & Pear, 1977; Favell, Favell, & McGimsey, 1978; Fink & Sandal, 1978; 1980). One-to-one instruction does not represent the instructional arrangements that are present in mainstream settings (Hoyson, Jamieson, & Strain, 1984), nor does it facilitate self-initiation of skills or allow for opportunities to interact with peers (Brown et al., 1976). A technology in inclusive preschools is needed that accommodates the diverse needs of a wide range of ability levels and learning styles can be used by preschool teachers in the planning, introduction, and evaluation of individualized group instruction (Hoyson, Jamieson, & Strain, 1984). The Routine-based Instructional Approach was developed and tested by SIPE (Aveno, Landon, & Voorhees, 1993). Validity data attesting to the significant increases in child participation within routines can be found in Tables 4 - 8.

Table 4: Validity Data: Level of Participation in school routines prior to and following use of the Individualized Routine-Based Instructional Process.

Year 2:

Participation Level in School Routines	Child 1* PRE	Child 1* POST	Child 2 PRE	Child 2 POST	Child 3 PRE	Child 3 POST	Child 4** PRE	Child 4** POST	Child 5 PRE	Child 5 POST	Child 6 PRE	Child 6 POST
Passive	68%	8%	13%	4%	10%	5%	66.6	22.2	0.7	7.1	9.5	0
Active	31%	92%	87%	95%	89%	95%	33.3	77.7	99.2	92.8	90.4	100

Year 3:

Participation Level in School Routines	Child 7*** PRE	Child 7*** POST	Child 8 PRE	Child 8 POST	Child 9 PRE	Child 9 POST	Child 10 PRE	Child 10 POST
Passive	29.6	0	7.4	0	85.1	0	51.8	0
Active	70.3	100	70.3	100	14.8	100	37	100
Noncontextual	0	0	22.2	0	0	0	11.1	0

* NOTE: Year 2 of SIPE. Child 1, 2, and 3 in a full inclusion preschool setting of eight children with identified needs and twelve children without disabilities; child 1 has severe disabilities; child 2 has moderate disabilities; child 3 has mild disabilities.

** NOTE: Year 2 of SIPE. Child 4, 5, and 6 in a reverse mainstream preschool setting of six children with identified needs and two children without disabilities; child 4 has severe disabilities; child 5 has moderate disabilities; child 6 has mild disabilities.

*** NOTE: Year 3 of SIPE. Child 7, 8, 9, and 10 in full inclusion preschool classrooms. Child 7 and 8 have severe disabilities; child 9 has moderate disabilities; child 10 has mild disabilities. Child 7, 8, and 9 in a class of 20 (4 children with identified needs; 16 children without identified needs); child 10 in a class of 20 (1 child with identified needs; 19 children without identified needs.

Table 5: Validity Data: Type of class instructional arrangement prior to and following use of the Individualized Routine-Based Instructional Process.

Year 2:

Grouping	Child 1* PRE	Child 1* POST	Child 2 PRE	Child 2 POST	Child 3 PRE	Child 3 POST	Child 4** PRE	Child 4** POST	Child 5 PRE	Child 5 POST	Child 6 PRE	Child 6 POST
Alone	31.4	0	7.4	13.3	15.7	1.9	28.5	0	4.7	2.3	11.9	0
One-to-one	11.1	2	3.7	0	5.2	0	21.4	16.6	7.1	0	2.3	0
Small group	16.6	50	38.8	28.8	28	45	19	38	57.1	35.7	57.1	28.5
Large group	40.7	47.9	50	57.7	50.8	52.9	30.9	45.2	30.9	61.9***	28.5	71.4

Year 3:

Grouping	Child 7**** PRE	Child 7**** POST	Child 8 PRE	Child 8 POST	Child 9 PRE	Child 9 POST	Child 10 PRE	Child 10 POST
Alone	0	0	22.2	0	11.1	22.2	33.3	0
One-to-one	0	0	22.2	22.2	22.2	0	11.1	0
Small group	66.6	100	55.5	77.7	66.6	77.7	0	100
Large group	33.3	0	0	0	0	0	55.5	0

* NOTE: Child 1, 2, and 3 in a full inclusion preschool setting of eight children with identified needs and twelve children without disabilities; child 1 has severe disabilities; child 2 has moderate disabilities; child 3 has mild disabilities.

** NOTE: Child 4, 5, and 6 in a reverse mainstream preschool setting of six children with identified needs and two children without disabilities; child 4 has severe disabilities; child 5 has moderate disabilities; child 6 has mild disabilities.

***NOTE: Percentages of time spent in large groups (n = 6-8) were higher in the post-intervention data collection period in the reverse mainstream class for child 5 and 6 because one routine which was observed, free choice, included an art activity which the majority of the class began successfully participating in simultaneously as the school year progressed. Se Validity Data for Type of Involvement in Free Choice prior to and following use of Activity-Based, Functional Skills Instruction.

**** NOTE: Year 3 of SIPE. Child 7, 8, 9, and 10 in full inclusion preschool classrooms. Child 7 and 8 have severe disabilities; child 9 has moderate disabilities; child 10 has mild disabilities. Child 7, 8, and 9 in a class of 20 (4 children with identified needs; 16 children without identified needs); child 10 in a class of 20 (1 child with identified needs; 19 children without identified needs.

Table 6: Validity Data: Activity Initiator prior to and following use of the Individualized Routine-Based Instructional Process.

Year 2: Activity Initiator	Child 1** PRE	Child 1** POST	Child 2 PRE	Child 2 POST	Child 3 PRE	Child 3 POST	Child 4** PRE	Child 4** POST	Child 5 PRE	Child 5 POST	Child 6 PRE	Child 6 POST
Teacher-directed	74.07	31.2	27.7	20	21	15.6	52.3	23.8	26.1	30.9	30.9	28.5
Teacher-guided	3.7	43.7	31.4	35.5	21	56.8	23.8	73.8	42.8	33.3	28.5	30.9
Child-initiated	1.85	4.1	40.7	44.4	56.1	27.4	2.3	0	30.9	35.7	40.4	40.4
Peer-initiated***	0	18.7	0	0	1.7	0	0	0	0	0	0	0
None	14.8	2	0	0	0	0	14.2	0	0	0	0	0
Cannot tell	5.5	0	0	0	0	0	7.1	2.3	0	0	0	0

Year 3: Activity Initiator	Child 7**** PRE	Child 7**** POST	Child 8 PRE	Child 8 POST	Child 9 PRE	Child 9 POST	Child 10 PRE	Child 10 POST
Teacher-directed	11.1	0	11.1	0	11.1	0	55.5	0
Teacher-guided	55.5	0	33.3	100	11.1	0	44.4	11.1
Child-initiated	33.3	100	55.5	0	77.7	100	0	88.8
Peer-initiated***	0	0	0	0	0	0	0	0
None	0	0	0	0	0	0	0	0
Cannot tell	0	0	0	0	0	0	0	0

* NOTE: Child 1, 2, and 3 in a full inclusion preschool setting of eight children with identified needs and twelve children without disabilities; child 1 has severe disabilities; child 2 has moderate disabilities; child 3 has mild disabilities.

** NOTE: Child 4, 5, and 6 in a reverse mainstream preschool setting of six children with identified needs and two children without disabilities; child 4 has severe disabilities; child 5 has moderate disabilities; child 6 has mild disabilities.

***NOTE: Data collection occurred prior to training on fostering social relationships (which includes use of peer-mediated interventions).

**** NOTE: Year 3 of SIPE. Child 7, 8, 9, and 10 in full inclusion preschool classrooms. Child 7 and 8 have severe disabilities; child 9 has moderate disabilities; child 10 has mild disabilities. Child 7, 8, and 9 in a class of 20 (4 children with identified needs; 16 children without identified needs); child 10 in a class of 20 (1 child with identified needs; 19 children without identified needs.

Table 7: Validity Data: Level of teacher facilitation of active participation in routines prior to and following use of the Individualized Routine-Based Instructional Process.

Year 2: Level of Teacher Facilitation Participation	Child 1* PRE	Child 1* POST	Child 2 PRE	Child 2 POST	Child 3 PRE	Child 3 POST	Child 4** PRE	Child 4** POST	Child 5 PRE	Child 5 POST	Child 6 PRE	Child 6 POST
Physical assistance	3.7	37.5	6.7	6.6	5.8	0	6.7	6.6	5.5	0	7.1	1.5
Gesture/signal	0	0	0	2.2	0.5	0.65	0	2.2	0	0	0.7	0
Verbal prompt	5.5	3.4	9.2	3.7	9.3	2.6	9.2	3.7	28.5	12.6	19.8	5.5
Teacher talk	7.4	8.3	6.7	22.9	6.4	18.9	6.7	22.9	16.6	20.6	6.7	21.4
Redirection	0	0	0	0.7	0.5	0	0	0.7	0.7	0	0	1.5
None	82.7	50	77.1	63.7	76.6	77.7	77.1	63.7	47.6	65	72.2	49.2

Year 3: Level of Teacher Facilitation Participation	Child 7*** PRE	Child 7*** POST	Child 8 PRE	Child 8 POST	Child 9 PRE	Child 9 POST	Child 10 PRE	Child 10 POST
Physical assistance	7.4	0	0	0	0	0	3.7	0
Gesture/signal	7.4	0	3.7	7.4	0	0	3.7	0
Verbal prompt	0	0	18.5	25.9	55.5	3.7	0	11.1
Teacher talk	0	0	14.8	14.8	11.1	22.2	37	0
Redirection	0	11.1	18.5	3.7	33.3	7.4	11.1	0
None	85.1	88.8	44.4	48.1	0	66.6	44.4	88.8

* NOTE: Child 1, 2, and 3 in a full inclusion preschool setting of eight children with identified needs and twelve children without disabilities; child 1 has severe disabilities; child 2 has moderate disabilities; child 3 has mild disabilities.

** NOTE: Child 4, 5, and 6 in a reverse mainstream preschool setting of six children with identified needs and two children without disabilities; child 4 has severe disabilities; child 5 has moderate disabilities; child 6 has mild disabilities.

*** NOTE: Year 3 of SIPE. Child 7, 8, 9, and 10 in full inclusion preschool classrooms. Child 7 and 8 have severe disabilities; child 9 has moderate disabilities; child 10 has mild disabilities. Child 7, 8, and 9 in a class of 20 (4 children with identified needs; 16 children without identified needs); child 10 in a class of 20 (1 child with identified needs; 19 children without identified needs.

Table 8: Validity Data: Type of Involvement in free choice prior to and following use of the Individualized Routine-Based Instructional Process.

Year 2:

Type of Involvement	Child 1*		Child 2		Child 3		Child 4**		Child 5		Child 6	
	PRE	POST	PRE	POST	PRE	POST	PRE	POST	PRE	POST	PRE	POST
Transition	20.4	2	5.5	6.6	10.5	0	19	0	2.3	0	2.3	0
Art	0	6.2	5.5	15.5	7	23.5	16.6	7.1	14.2	19	14.2	21.4
Story	22.2	6.2	0	0	3.5	5.8	11.9	14.2	21.4	14.2	14.2	14.2
Fine motor	0	0	16.6	2.2	8.7	0	0	0	9.5	0	0	0
Dramatic play	0	16.6	1.8	6.6	17.5	15.6	0	19	7.1	14.2	2.3	11.9
Blocks	12.9	0	14.8	6.6	7	0	0	0	2.3	0	9.5	0
Nature	0	0	5.5	6.6	0	0	0	0	0	0	0	2.3
Time out	0	0	0	0	0	1.9	0	0	2.3	0	0	0
Cannot tell	0	0	0	0	7	0	7.1	9.5	0	7.1	-	-

Year 2:

Type of Involvement	Child 7***		Child 8		Child 9		Child 10	
	PRE	POST	PRE	POST	PRE	POST	PRE	POST
Transition	0	0	11.1	0	0	0	0	11.1
Art	66.6	66.6	11.1	11.1	22.2	0	11.1	77.7
Story	0	0	0	33.3	0	11.1	33.3	0
Fine motor	0	0	22.2	22.2	22.2	22.2	0	11.1
Dramatic play	33.3	33.3	0	33.3	11.1	66.6	0	0
Blocks	0	0	44.4	0	33.3	0	0	0
Nature	0	0	11.1	0	0	0	55.5	0
Time out	0	0	0	0	0	0	0	0
Cannot tell	0	0	0	0	11.1	0	0	0

* NOTE: Child 1, 2, and 3 in a full inclusion preschool setting of eight children with identified needs and twelve children without disabilities; child 1 has severe disabilities; child 2 has moderate disabilities; child 3 has mild disabilities.

** NOTE: Child 4, 5, and 6 in a reverse mainstream preschool setting of six children with identified needs and two children without disabilities; child 4 has severe disabilities; child 5 has moderate disabilities; child 6 has mild disabilities.

*** NOTE: Year 3 of SIPE. Child 7, 8, 9, and 10 in full inclusion preschool classrooms. Child 7 and 8 have severe disabilities; child 9 has moderate disabilities; child 10 has mild disabilities. Child 7, 8, and 9 in a class of 20 (4 children with identified needs; 16 children without identified needs); child 10 in a class of 20 (1 child with identified needs; 19 children without identified needs.